

OFFICE OF CLINICAL SERVICES

THE HEART OF VETERAN CARE

2023 ANNUAL REPORT



U.S. Department of Veterans Affairs
Veterans Health Administration

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WELCOME FROM DR. SCAVELLA

Welcome to the first VHA Office of Clinical Services Annual Report!

Clinical Services leads nine national lanes of effort, comprising a total of 46 unique parent and sub-specialty offices that touch nearly all the clinical care serving 9M Veterans at VA medical facilities across the country. At every part of their health care experience, we are at *The Heart of Veteran Care*.

Over the next several pages, you will read detailed snapshots of some of the most impactful care Clinical Services provided to Veterans over the past year. You will also read about our people — the leaders, providers and staff who play a role in caring for Veterans, either face-to-face or behind the scenes — day in and day out. Each of the people we interviewed for this report described the heart they put into serving Veterans, lending another layer to our report's title, *The Heart of Veteran Care*. I am particularly proud that this report includes the voices of Veterans who describe the impact VA health care has had on their well-being.

This past year saw many historic firsts at VA. Notably, the passage of one of the most significant expansions of health care and benefits in VA history, The Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act. Under the PACT Act, VHA performed toxic exposure screenings for more than 4.5M Veterans in fiscal year 2023 (FY23), substantially growing the number of Veterans receiving VA care.

Clinical Services' program offices committed to expanding access to care in FY23, meeting Veterans where they are and connecting them with VA care. You will see the result of that commitment in these pages, including initiatives like tele-screening mammography services for Veterans in underserved areas, expanded telemental health services and the launch of six new telepathology sites. We deployed Mobile Medical Units to provide health care and support to homeless and at-risk Veterans. We continue to grow our Clinical Resource Hubs, which offer patients in all regions access to all kinds of health care — from occupational health to substance use treatment and more.

We have also continued to advance our work on other priority efforts. We surpassed this year's ambitious goal to house 38,000 homeless Veterans two months early. We reached the milestone of delivering more than 1.1M naloxone prescriptions, resulting in over 4,400 reported overdose reversals since 2014. We also continued support of the White House Cancer Moonshot initiative which aims to reduce cancer mortality by 50% in the next 25 years.

I am privileged to work alongside the thousands of dedicated professionals who make up Clinical Services — I thank them for their invaluable contributions. Their experience, dedication and heart are what enable us to provide the highest quality of personalized care to our nation's Veterans.

I hope you enjoy reading about our work.



— **Erica M. Scavella, MD**

Assistant Under Secretary for Health (AUSH) for Clinical Services | Chief Medical Officer
Veterans Health Administration



WELCOME FROM DR. O'TOOLE

It is an honor to provide oversight, guidance and expertise to support the work being done in VA medical centers (VAMCs) and facilities across the country. This year saw significant expansion of our abilities to help our medical teams provide safe, efficient care when the Clinical Episode Review Team (CERT) officially became an office within Clinical Services. This is in addition to our electronic health record (EHR) migration councils and National EHR Modernization (EHRM) Supplemental Staffing Unit (NESSU) continuing their commitment to patient safety and data integrity. Through their support of five VA medical facilities using the Millennium electronic health record, the NESSU team completed over 80,000 clinical interactions and 2,000 toxic exposure screenings, processed over 125,000 prescriptions and completed 11 comprehensive clinical case reviews.

I am also proud of the open communication structure we have developed, supporting VA's medical leadership teams through regular calls with the field to not only discuss changes in policy and procedure, but also receive feedback and work collaboratively to improve VA health care.

I thank the teams and leaders throughout Clinical Services for a successful year and look forward to seeing our results next year as we expand our efforts to support and augment the front-line staff who serve our Veterans every day.



— *Thomas P. O'Toole, MD*
Deputy AUSH for Clinical Services

WELCOME FROM DR. BRILL

Last year saw significant accomplishments and milestones met in the service of Veterans, including expansions of telehealth technologies across Clinical Services to support crucial programs, along with significant improvements in data analysis, efficiency and reducing the burden of outdated clinical reminders for our frontline staff.

We saw 37% growth in the Suicide Prevention 2.0 Clinical Telehealth Program intake over the previous fiscal year. We also saw similar growth in tele-critical care, with a 32% increase in the number of ICU encounters across 74 sites throughout VA.

Meanwhile, our Homeless Programs Office's Grant and Per Diem team was recognized with a National HeRO Award for their data optimization and programmatic efficiency improvement efforts that helped VA meet the ambitious goal to house 38,000 Veterans in 2022. The National HeRO Award recognizes employees who advance VHA's journey to high reliability through principles in action.

These achievements are just a few examples of the impact our teams have had in the last year, many more of which are recounted in this annual report. I look forward to Clinical Services' journey as we strive to continuously improve our care for Veterans through our committed, compassionate staff.



— *Elizabeth L. Brill, MD*
Deputy AUSH for Clinical Services

ABOUT CLINICAL SERVICES

VHA's Office of Clinical Services, headquartered in VA's Central Office, is one of seven major program offices overseeing the delivery of care to more than 9M enrolled Veterans. Led by the AUSH for Clinical Services and VHA Chief Medical Officer, Clinical Services provides national leadership for clinical programs and the necessary coordination with leaders across the enterprise, integrated clinical community committees and service-based communities of practice.

Clinical Services defines policy and provides oversight for the many VHA clinical programs that make up *The Heart of Veteran Care*. Additionally, it enables the professional development of clinicians and leaders to optimize the operational strength of the VA health care system to provide Veterans, families and caregivers with the highest quality health care.

Including the core business office, Clinical Services comprises 46 unique parent and sub-specialty program offices as of September of 2023. The Specialty Care Program Office and its program sub-offices comprise approximately 70% of Clinical Services' total operational architecture.

Clinical Services leads nine national lanes of effort: Dentistry, Diagnostics, Homeless Programs, NESSU, Mental Health/Suicide Prevention, Primary Care, Spinal Cord Injuries/Disorders, Specialty Care and Surgery.

KEY IMPACTS & ACHIEVEMENTS:



VHA is the largest integrated health care system in the United States, providing care at **1,321 HEALTH CARE FACILITIES, INCLUDING 172 VAMCs AND 1,138 OUTPATIENT SITES OF CARE** of varying complexity.



VHA is also the nation's **LARGEST PROVIDER OF GRADUATE MEDICAL EDUCATION AND A MAJOR CONTRIBUTOR TO MEDICAL AND SCIENTIFIC RESEARCH.**



More than **73,000 ACTIVE VOLUNTEERS, 127,000 HEALTH PROFESSIONS TRAINEES, AND 362,000 HEALTH CARE PROFESSIONALS AND SUPPORT STAFF** are an integral part of the VHA community.

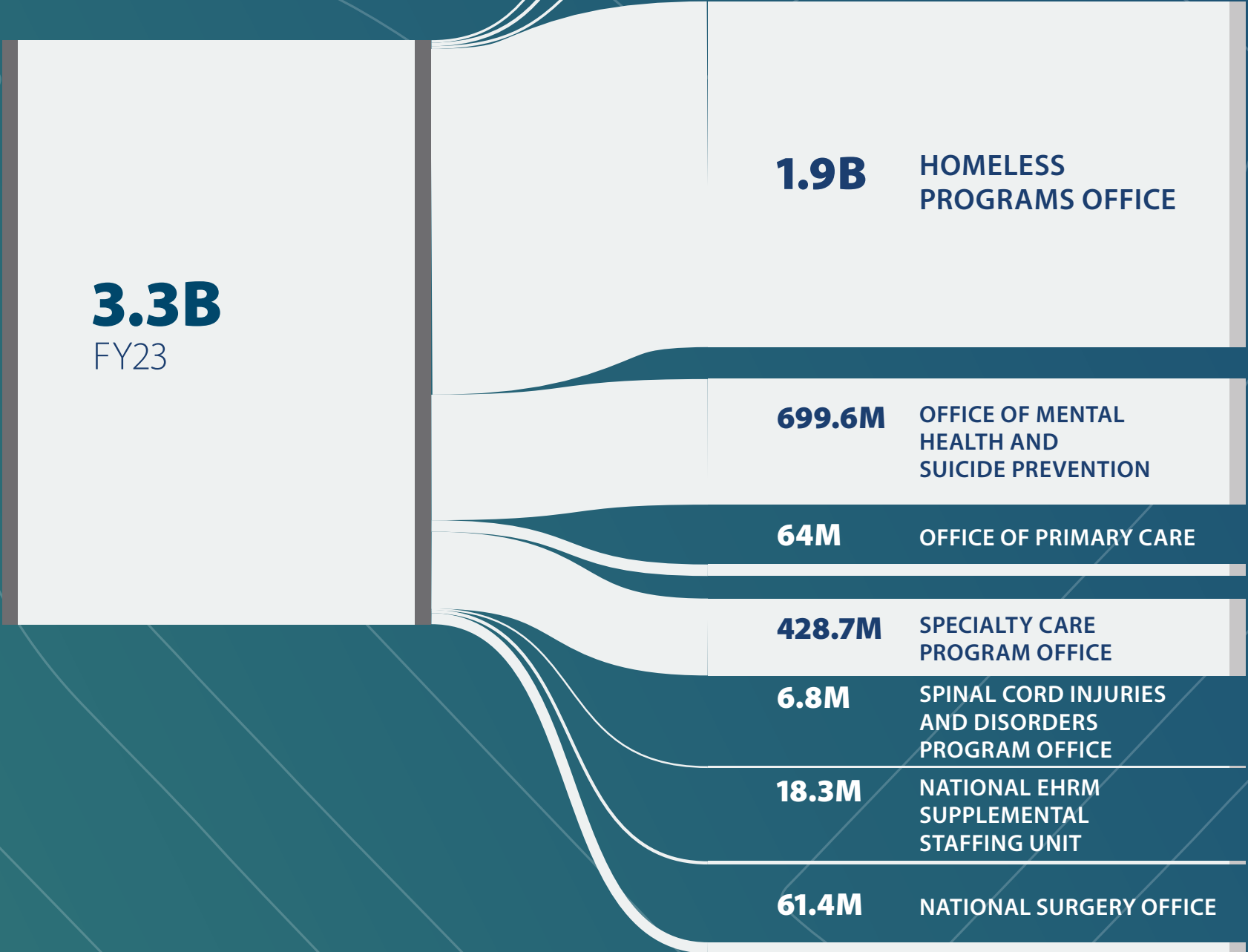
BUDGET

The accompanying diagram shows how Clinical Services’ FY23 budget was distributed across the program offices.

FY23’s budget increases enabled program expansion of Clinical Services programs, initiatives and staff to care for more Veterans. Notably, the Specialty Care Program Office and NESSU each received budget increases of more than 150%, allowing these offices to provide more services to Veterans.

Specialty Care further expanded lung cancer screening offerings across the country. NESSU clinicians completed over 80,000 Veteran patient clinical interactions and more than 2,000 toxic exposure screenings.

In conjunction with increased budgets, many program offices hired more staff to meet the evolving needs of the Veteran population. The Spinal Cord Injuries and Disorders (SCI/D) program office more than tripled its workforce, allowing the furthering of program initiatives like expanding telewound care to 80% of SCI/D centers throughout the country. Diagnostic Services grew its staff by 25% this year to support a variety of program initiatives including establishing six telepathology pilot sites.



CONNECT VETERANS TO THE SOONEST AND BEST CARE



Clinical Resource Hub clinicians conducted over **902,000 ENCOUNTERS, A 35% INCREASE FROM FY22.**

HIRE FASTER AND MORE COMPETITIVELY



FILLED MORE THAN 440 VACANCIES across program offices.

SUPPORT VETERANS’ WHOLE HEALTH, THEIR CAREGIVERS AND SURVIVORS



\$24M in the Office of Primary Care and **\$12M** in the Homeless Programs Office allocated to support Patient Aligned Care Teams.

PREVENT VETERAN SUICIDE



Veterans Crisis Line **DIAL 988 then PRESS 1** **\$432M** within the Office of Mental Health and Suicide Prevention supporting the Suicide Prevention Program and Veterans Crisis Line.

SERVE VETERANS WITH MILITARY ENVIRONMENTAL EXPOSURES



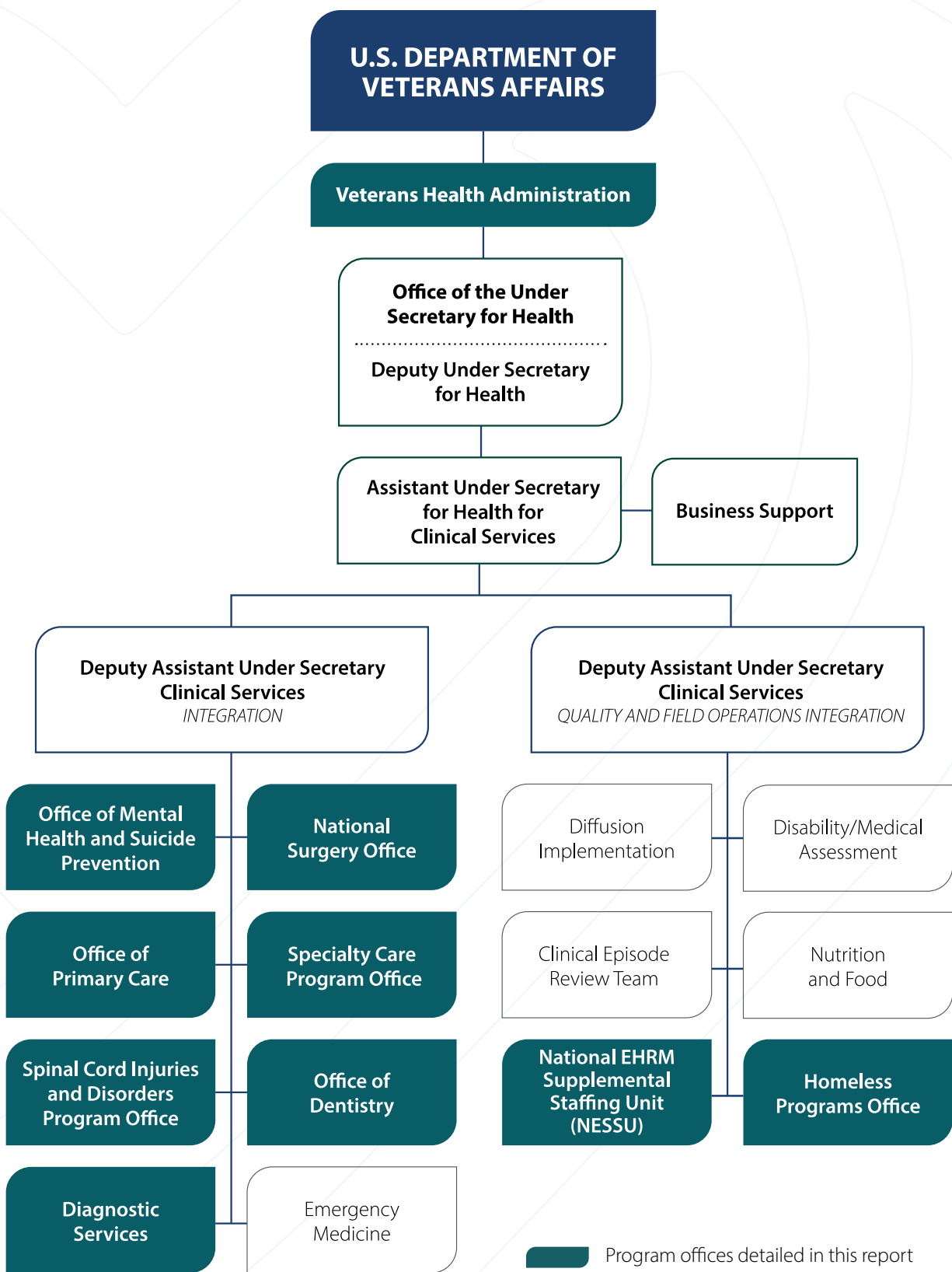
The Office of Primary Care performed toxic exposure screenings for over **4.3M** unique Veterans.

ACCELERATE VA’S JOURNEY TO A HIGH RELIABILITY ORGANIZATION



The National Surgery Office successfully launched a national infrastructure verification tool and engaged in patient-focused listening sessions as part of VHA’s High Reliability Organization Pilot Program.

ORGANIZATIONAL STRUCTURE



OFFICE OF DENTISTRY

During the last year, we have seen unprecedented growth and change in health care, and Dentistry continues to accept each challenge as an opportunity to meet the personalized needs of the Veterans we serve. I'm extremely proud of how the responsive and visionary actions of our oral health care professionals advance clinical, administrative, education and research endeavors across the country every day.

Throughout Dentistry's section of this annual report, you will see examples of exceptional integrated care provided by our frontline staff and how their dedication and expertise work to establish trust, improve Veterans' well-being and support VA's efforts in becoming the center of care for the whole Veteran. You will learn about innovative solutions implemented by our leadership teams to ensure Veterans receive the *right* care in the *right* place from the *right* provider.

Over the last year, we expanded the use of geospatial information systems, digital dentistry and teledentistry as we continue to modernize the delivery of oral health care and better serve Veterans.

Perhaps what I am most excited about is that you will hear directly from Veterans about how pleased they are with the care they receive from Dentistry — their satisfaction is a true measure of our success.

It is my privilege and pleasure to acknowledge and thank Dentistry staff, at all levels, for their commitment and resilience, and to recognize the great strides we continue to make toward becoming the nation's trusted leader for Veteran oral health care.



— Christine LaMarre, DDS
Acting AUSH for Dentistry

KEY IMPACTS & ACHIEVEMENTS:



In FY23, **NEARLY 1.6M VETERANS WERE ELIGIBLE FOR COMPREHENSIVE DENTAL CARE**, an increase of over 9% from FY22.



According to results of the dental patient satisfaction survey, **OVER 80% OF VETERANS RATED THEIR REGULAR DENTIST AS A NINE OR 10**, with 10 being the best score.



For more information about the Office of Dentistry, scan the QR code.



SPOTLIGHT:
DR. THOMAS DUNDON
IS A VETERAN TREATING
VETERANS

After completing a two-year dental residency within the VA Northeast Ohio Healthcare System, Dundon opted to stay on and spend his career providing care to Veterans. Thirty-five years later, he is the system's chief of dental service, leading a team of 35 that delivers oral care to 6,500 Veterans a year, as well as the lead dentist for VISN 10.

"We focus on prevention and supporting a patient's whole health, and VA's electronic health record allows us to collaborate with Veterans' other health care providers and offer truly exceptional, integrated care," he said.

Dundon's practice employs the highest number of Veterans within a clinical department at the Louis Stokes Cleveland VAMC — seven of 15 dentists and five dental assistants are Veterans. Dundon also trains dental assistants as part of his service in the Army Reserves, and they often end up joining the team. "We like to say that our practice is 'Veterans treating Veterans,'" said Dundon.

"Being a Veteran affects your perspective—and when you're a Veteran providing care to another Veteran, that bond you share impacts the type of compassionate care you deliver."

— **Thomas Dundon, DMD**
Chief of Dental Service
VA Northeast Ohio Healthcare System

Dental benefits are provided by the VA according to law. In some instances, VA is authorized to provide comprehensive dental care, while in other cases, treatment may be limited to focused care.

Of the approximately 9M Veterans enrolled in VA health care, around 1.6M are eligible for comprehensive dental care. Through the efforts of more than 3,500 dedicated dental care team members at 236 dental clinics, Dentistry provides quality, compassionate dental care for over 580,000 Veterans each year.

EIGHT DIRECTORATES FALL UNDER DENTISTRY:

- The **Central Dental Laboratory** provides vital fabrication of dentures, crowns and other dental prosthetics in the direct care of eligible Veterans.
- The **Operations Directorate** provides direction, oversight and guidance on processes that enable dental services to operate efficiently and effectively while complying with regulations and promoting Veteran satisfaction.
- The **Business Operations Directorate** provides management, oversight and support for the administration, staffing, resources and finances, to include a wide range of administrative guidance for dental staff across the enterprise.
- Dental Research** is a reference point for dental clinicians and others interested in pursuing areas of dental research that impact the oral health care provided to Veterans.
- The **Office of Dentistry Oral Health Quality Group** improves the oral health of Veterans by promoting clinical practices based on the best evidence available, using VA-based data and scientific literature.
- The **Director of Education** acts as the principal advisor regarding educational policies and mandates, collaborating with interprofessional teams to design curricula frameworks.
- Dental Informatics and Analytics** focuses on integrating clinical health care delivery with business informatics to enhance patient care, improve organizational outcomes and support decision-making by accurately analyzing pertinent clinical and business data.

GEOSPATIAL DATA HELPS
DENTISTRY PLAN FOR THE FUTURE

The Geospatial Data Act of 2018 requires federal agencies to integrate geospatial data, including information about locations on the Earth's surface, for budgeting, strategic planning and policy decisions. To comply with the Geospatial Data Act and ensure Dentistry is prepared to serve Veterans with adequate staff and the right number of treatment rooms, Veterans Integrated Services Network (VISN) dental chiefs use the innovative technology of the ArcGIS Dental Resource Modeler.

By putting patient data from the Dental Record Manager Plus alongside geospatial information, the modeler shows how many Veterans eligible for VA dental care live in a selected area, how many of them have received dental care and how recently. The modeler also shows the number of VA dentistry facilities, dentists and staff available in a certain area and the cost of community dental care. This information helps VISN directors plan for current and future needs for treatment rooms, dental chairs, dentists and dental assistants.

The ArcGIS modeler offers valuable insights regarding the necessary provisions for delivering excellent oral health care to all eligible Veterans and enables Dentistry to strategically plan for the future.

"When a facility identifies a need to expand or re-size its dental services, or when a member of Congress wants to assess the need for those services in their district, the Dental Informatics and Analytics Directorate can assist with a dynamic model that is updated in near-real time," said Dr. Scott Trapp, deputy to the assistant under secretary for health for dentistry and director of Dental Informatics and Analytics for the Office of Dentistry.

Trapp said the bottom line is improving equitable access to care. "This technology helps Dentistry ensure that Veterans eligible for dental care have easy and reliable access to care across VA at the right time and place, and by the right provider."



For more information about dental benefits for Veterans, scan the QR code.



SPOTLIGHT:
TAMMIE MADSON
TREATS VETERANS'
WHOLE HEALTH

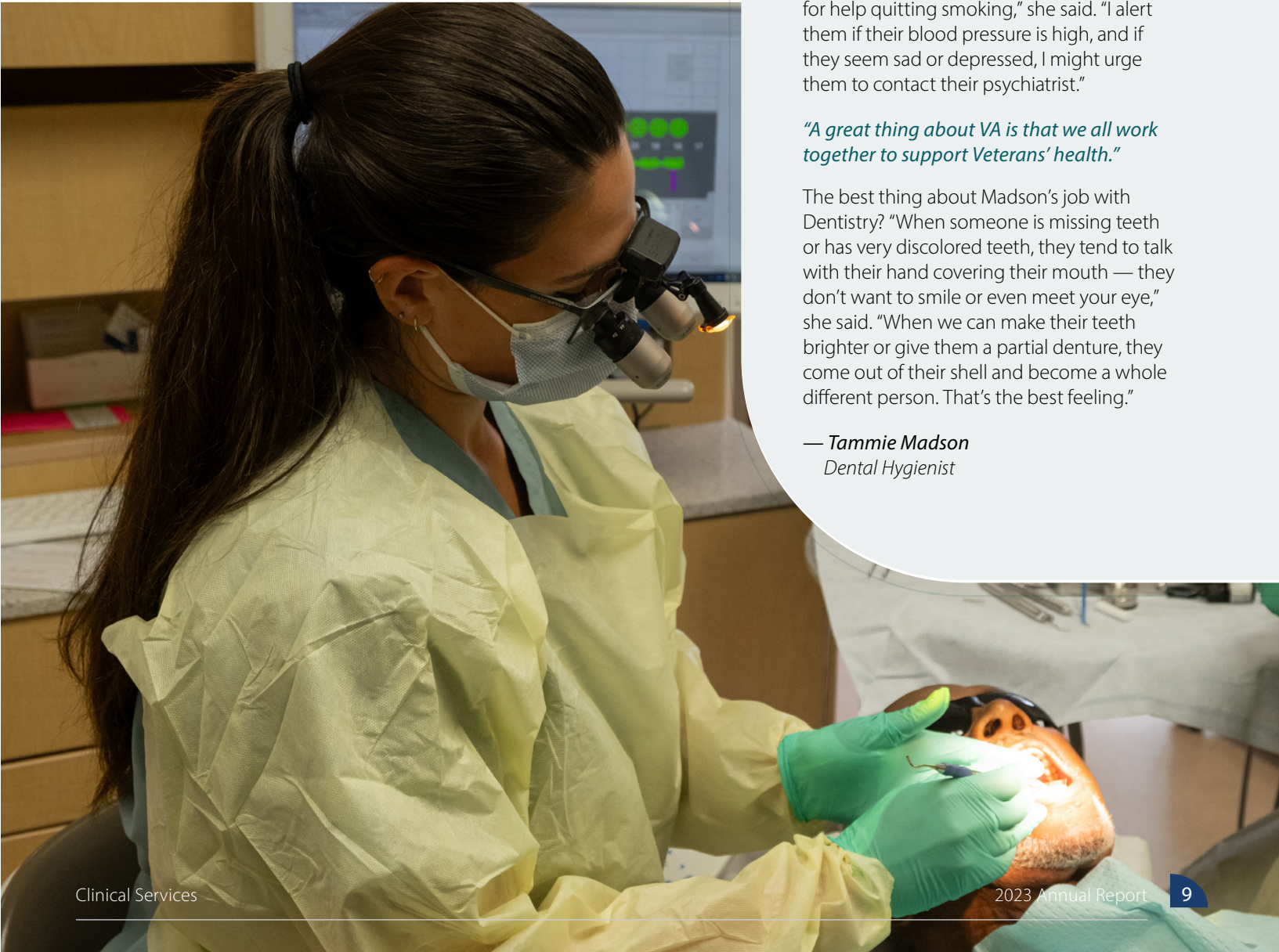
Madson is something of a fixture at the Sheridan VAMC in Wyoming, where she's worked for more than 27 years. "I love providing a service to Veterans and getting to know them," she said. "When you've taken care of someone's teeth for over 20 years, you build a relationship."

A big part of Madson's job is educating Veterans about oral health. But her conversations with Veterans often cross over into other areas of health care. "I encourage patients to reach out to their primary care physician for help quitting smoking," she said. "I alert them if their blood pressure is high, and if they seem sad or depressed, I might urge them to contact their psychiatrist."

"A great thing about VA is that we all work together to support Veterans' health."

The best thing about Madson's job with Dentistry? "When someone is missing teeth or has very discolored teeth, they tend to talk with their hand covering their mouth — they don't want to smile or even meet your eye," she said. "When we can make their teeth brighter or give them a partial denture, they come out of their shell and become a whole different person. That's the best feeling."

— **Tammie Madson**
Dental Hygienist



VETERAN VOICES:
COMMENTS FROM
ANONYMOUS
VETERANS WHO
USE VA DENTAL CARE

"The dental team was absolutely wonderful, highly skilled with lots of experience and information."

— Chalmers P. Wylie Ambulatory Care Center
Columbus, Ohio

"The dental care I received was the best, world-class!"

— Lt. Col. Luke Weathers, Jr. VAMC
Memphis, Tenn.

"VA provides the finest dental care and consideration that I have ever seen. Everyone is highly motivated and more than ready to help you in every way, from reception to sign out."

— Monroe County VA Clinic
Rochester, N.Y.

"They were great and better than my civilian dentist; they went above and beyond their duty. Thank you."

— VA Illiana Healthcare System
Danville, Ill.

SPOTLIGHT: THO HA CHANGES ONE
VETERAN SMILE AT A TIME

Ha, Army Veteran and lab technician at the VA North Texas Health Care System's Central Dental Laboratory, came to the U.S. from Vietnam when she was 13. Her father was captured while serving in the South Vietnam Air Force during the Vietnam War and imprisoned in a concentration camp for five years. Ha's family was grateful to the American soldiers who served in Vietnam, as well as to the U.S. for allowing her family to seek refuge. "Serving in the Army was my way of giving back to the U.S.," said Ha.

Ha is proud of her work at VA, where she has served in a variety of administrative and technical roles all dedicated to "helping people: employees, customers and Veterans." She has extensive experience working in the lab, including dental technology and business administration. "Besides aesthetics, what is most important for Veterans is functionality, and we consider both," said Ha.

While Ha's work does not involve face-to-face patient care, she aims to give Veterans the best dental experience possible.



"We help change one Veteran's smile at a time," she said.

— Tho Ha
Lab Technician



DIAGNOSTIC
SERVICES

We concluded a busy and successful 2023, undertaking numerous actions to directly support VA's health care priorities, only a few of which I call out here.

Seeing a need to support the professional development of clinical service chiefs, we created the Clinical Services Leadership Institute, an innovative in-person training program for new clinical leaders. In addition to Radiology and Pathology and Laboratory Medicine (PLM), the Institute expanded in 2023 to include participation by Neurology and Cardiology.

In another major initiative, Diagnostic Services led a multispecialty workgroup through the first phase of a multiyear project to develop a comprehensive strategy for enterprise imaging. By making all clinical images universally available whenever and wherever needed for Veteran care, this cutting-edge initiative has the potential to serve as a role model for the entire nation.

PLM initiated new national reference laboratory services to support the White House Cancer Moonshot initiative and other programs, providing Veterans access to innovative molecular diagnostic tests for diagnosis, prognosis and gene-targeted therapy.

Radiology and Nuclear Medicine completed a comprehensive six-year strategic plan for breast imaging and submitted the plan to Congress in accordance with the Making Advances in Mammography and Medical Options for Veterans (MAMMO) Act. This will guide the provision of high quality, accessible mammography and other breast imaging services to Veterans across the enterprise.

Additionally, Teleradiology, in collaboration with Radiology, initiated a groundbreaking pilot program to provide tele-screening mammography services to Veterans in otherwise underserved areas.

It has been a very successful year, and I would like to congratulate our dedicated clinicians and staff in the field for their commitment to serving our Veterans.



— William F. Arndt, MD
Executive Director

KEY IMPACTS
& ACHIEVEMENTS:

IN FY23, PERFORMED MORE THAN:



10M IMAGING
EXAMS.



280M
PATHOLOGY AND
LABORATORY TESTS.



1.2M
TELERADIOLOGY
EXAMS.



PUBLISHED
THE LATEST
COVID-19 TESTING
GUIDEBOOK
as testing transitioned
to the endemic phase.



LAUNCHED THE
FIRST SIX
TELEPATHOLOGY
PILOT SITES,
the foundation for
a robust national
telepathology program.

Diagnostic Services provides national leadership and consultation for its portfolio, each vital in the screening, diagnosis and treatment of medical conditions. It supports the National Diagnostics Integrated Clinical Community (ICC), the VISN Diagnostics ICC and field advisory groups to establish national policy and provide operational oversight.

RADIOLOGY includes Nuclear Medicine and Mammography, overseeing the execution, administration and quality management of all modalities of diagnostic imaging, image-guided therapy and minimally invasive treatment.

NUCLEAR MEDICINE AND RADIATION SAFETY is responsible for monitoring nuclear medicine practice and issuing best practice guidance for the diagnostic and therapeutic use of radiopharmaceuticals. It leads VA-wide compliance with Nuclear Regulatory Commission regulations and, in conjunction with the VA National Health Physics Program, ensures patient and employee safety in handling radioactive materials.

PATHOLOGY AND LABORATORY MEDICINE is integral to the implementation, administration and quality oversight of lab testing, anatomic and surgical pathology, cytology for tissue diagnosis, genetic sequencing and advanced molecular analysis. PLM also inspects all VHA laboratories with the National Enforcement Office (NEO).

The NEO has a legislated responsibility to oversee the quality of services provided by VA clinical laboratories and laboratory compliance with regulatory, accreditation and policy guidelines. Through audits and site visits, it ensures adequate and effective laboratory quality systems and investigates all instances that raise the possibility that a VA clinical laboratory poses immediate jeopardy to a patient.

TELERADIOLOGY is one of VHA's largest integrated teleradiology services, delivering round-the-clock remote interpretation of radiology exams to approximately 130 VHA facilities, augmenting facility services to ensure 24/7 coverage, including off-hours and periods of local radiologist shortages. Teleradiology also provides various quality assurance and improvement activities.

SPOTLIGHT: DR. J. STACEY KLUTTS IS PROUD OF VA'S HIGH QUALITY CARE



Laboratory diagnostic testing is essential to nearly all patient care. A provider orders lab tests to aid in a diagnosis, monitor how a patient responds to treatment or ensure that a healthy patient has no underlying medical problems.

"High quality health care is always going to require excellent laboratory testing, and I'm very proud of what we offer at VA," said Klutts.

The COVID-19 pandemic presented a big challenge for diagnostic testing labs. Controlling any infectious disease requires being able to separate those infected from those who are not — and testing is the tool required to make that determination. Klutts worked with three teams that were instrumental in helping VA manage the pandemic.

"I remember when we got our first shipment of tests — we were so excited to get 30 individual tests," he said. "We were then called on to make daily critical decisions on how patients were vetted, managed and treated."

Klutts began working at VA in 2007, after his residency. Although he does not provide direct patient care in his current role, he often talks with Veteran patients. "Veterans appreciate the excellent care we deliver," he said.

"What people at VA medical facilities do day-to-day to make the Veteran experience better is working — and that makes what we do so worthwhile."

— J. Stacey Klutts, MD
Associate Director
Pathology and Lab Medicine

REMOTE RADIOLOGISTS GETTING VETERANS FASTER ACCESS TO TOP-QUALITY CARE

Breast cancer is the second leading cause of cancer death among U.S. women, trailing only lung cancer. In the U.S., projections indicate that in calendar year 2023 (CY23), over 297,790 new cases of female breast cancer will be diagnosed and more than 43,700 women will die of the disease.

To fulfill one of the legislative requirements of MAMMO, Teleradiology expanded access to on-site screening mammography. Digital images produced during screening mammograms can now be sent to radiologists at remote locations for their interpretation, speeding Veteran access to radiology services. Since the inception of this three-year program in May of 2023, more than 400 screening mammograms have been interpreted from the four pilot sites.

VHA is currently evaluating all on-site mammography programs to ensure that Veterans with SCI/D have the same access to screening as other Veterans.

Screening mammography saves lives, so VHA is expanding access to high quality breast imaging with cutting-edge technologies that allow top-tier care for Veterans, no matter where they live. VHA continues to be a national leader with breast cancer screening rates that consistently surpass those in the private sector.

PATHOLOGY AND LABORATORY MEDICINE ENSURES QUALITY LAB RESULTS FOR VETERANS

Guided by the leadership of the executive director and in collaboration with multidisciplinary stakeholders, PLM evaluates and creates policy for laboratory-related priorities to align with the VHA mission. Staff are responsible for strategic initiatives, ensuring compliance with regulatory and accreditation standards and the adherence to and promotion of industry best practices.

PLM comprises a diverse team of clinical laboratory professionals across all VAMCs and 767 Community-Based Outpatient Clinic laboratories. More than 7,400 PLM field-based staff provide the full spectrum of laboratory testing to Veterans.

NUCLEAR MEDICINE/THERANOSTICS OFFERS PROMISE AS PROSTATE CANCER TREATMENT

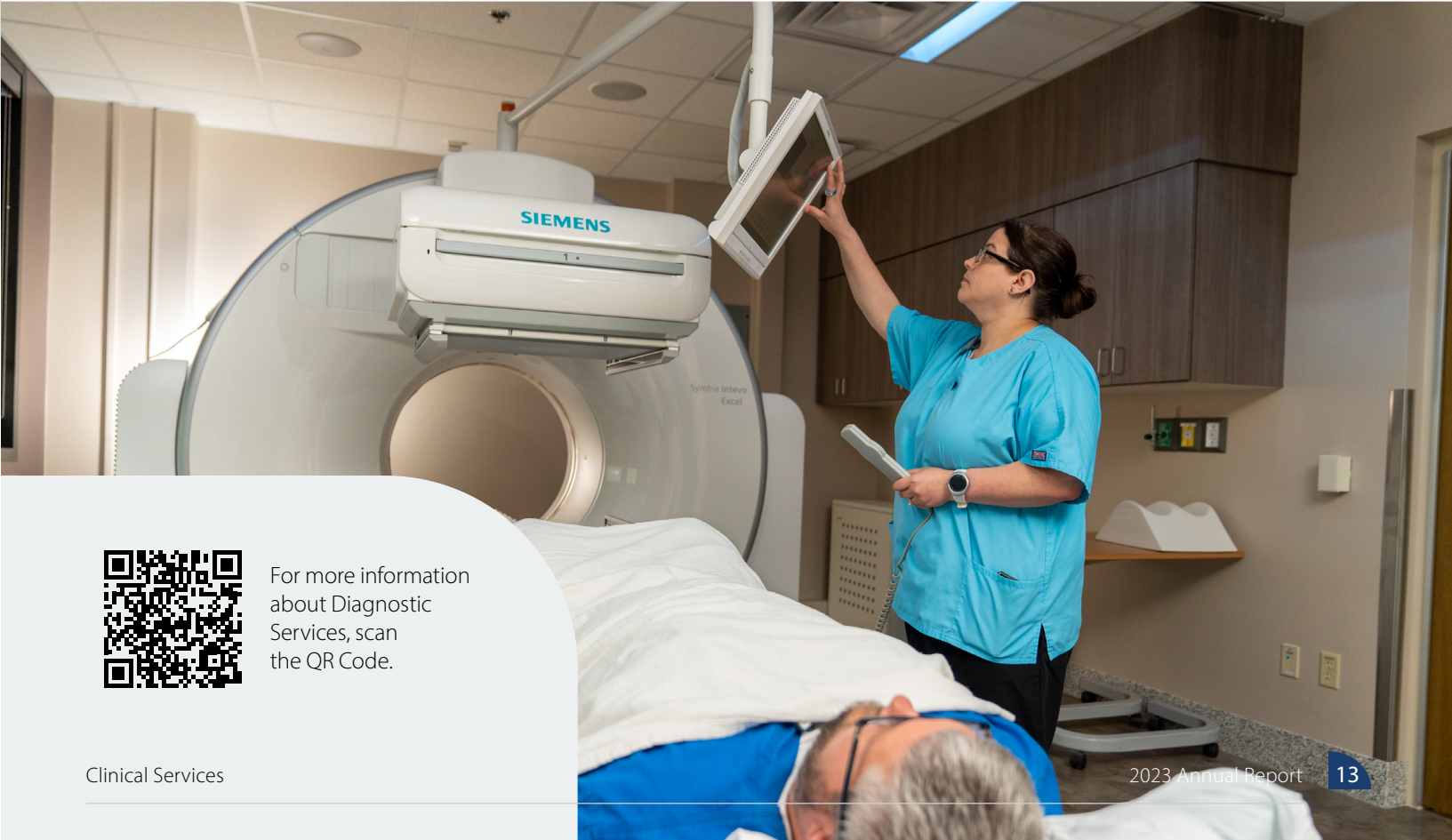
Prostate cancer is the second leading cause of cancer death in U.S. men, behind lung cancer. An estimated 15,000 Veterans receive a new diagnosis of prostate cancer each year. Whereas one in eight U.S. men will receive a prostate cancer diagnosis in their lifetime, one in five Veterans will receive that diagnosis.

An evolving nuclear medicine sub-specialty known as theranostics — which combines targeted diagnostic and treatment compounds — is transforming the practice of nuclear oncology in the United States, particularly concerning prostate cancer.

Current treatment for prostate cancer typically includes surgery and radiation. If the disease spreads, treatment options include hormone therapy. However, in many advanced cases, metastatic prostate cancer becomes resistant to hormone-based treatment and patients are often administered chemotherapy as a second-line therapeutic.

Theranostics could change that.

One theranostic agent recently approved by the Food and Drug Administration for prostate cancer shows benefits to patients whose cancer is resistant to traditional treatment. The molecular target, Prostate Specific Membrane Antigen (PSMA), can be used for diagnosis utilizing Positron Emission Tomography (PET) scanners and for therapy using the beta radiation emitting radioligand Lutetium-177 (Lu177) PSMA.



For more information about Diagnostic Services, scan the QR Code.

VETERAN VOICE:
STEPHANIE ACOSTA
HELPED A VETERAN
OVERCOME HIS FEARS

When taking a Veteran’s blood for laboratory testing, Acosta learned that the Veteran had struggled with ongoing health problems which led to his being hospitalized multiple times over the previous year. Once, he even had to be resuscitated on the operating table. Because of his illnesses, the Veteran had become fearful of receiving any medical care at all, including lab tests and the mental health care he knew he needed.

He told Acosta that he had woken up that morning with the courage to come to the VA clinic and have his blood taken. Further, he told her that her words of kindness during the blood draw made him “feel like a normal human being” and brought him to tears. He wouldn’t hesitate to get his blood drawn again, knowing he would receive care from Acosta. Like so many other VA health care providers, Stephanie Acosta went beyond her job duties to give compassion and encouragement to a Veteran who needed it.

SPOTLIGHT: DR. JOHN MATHIS BRINGS
LUNG CANCER SCREENING TO VETERANS

While not a Veteran himself, many of Mathis’ family served, and three relatives perished on the USS Arizona when Pearl Harbor was attacked on December 7, 1941. When he retired from private medical practice, Mathis sought a new way to serve others. He found it when an acquaintance at the Dayton VAMC in Ohio reached out and asked him to run the hospital’s radiology department. Ten years on, Mathis is still going strong and now also serving as the Lead Integrated Comprehensive Care Radiologist for VISN 10. “I’ll work for Veterans for the rest of my life,” he said.

Lung cancer screening includes an annual low-dose computerized tomography (CT) scan for Veterans aged 50 and older who are or have been smokers. “Lung cancer is the biggest cancer killer of both men and women,” said Mathis.

“We found that a yearly CT scan can catch lung cancer early, allowing providers to offer treatment that not just prolongs patients’ lives, but caught early, allows curative interventions.”

Beginning during World War II and continuing through 1976, the U.S. military included a pack of cigarettes and waterproof paper matches in troops’ ration packs. “We know that we contributed to service members’ use of cigarettes for decades, so it’s only right that VA is now innovating to help cure a disease that often stems from smoking,” said Mathis.



— John M. Mathis, MD
Medical Director of Lung Cancer Screening
National Radiology Program



SPOTLIGHT: DR. DAVID BUSHNELL LEADS
THE WAY IN TREATING CANCER

Bushnell has spent his 31-year career at VA conducting innovative research around using radioactive drugs to treat cancer. He comes from a family of inventors: ancestor

David Bushnell of Westport, Connecticut, born in 1740, was an American inventor, patriot, one of the first combat engineers, teacher and medical doctor. He also invented the first submarine used in battle and a floating mine triggered by contact.

Bushnell continues his family legacy. He came to work for VA in 1992 to give back to his contemporaries who served in the Vietnam War.

Bushnell’s current research study, “Combined Targeted Radionuclide Therapy in Neuroendocrine Tumors,” aims to

determine whether the total dosage of radioactive drugs could be increased for patients with tumors if the drugs were administered together. So far, the study’s positive results indicate that combining two existing treatments would allow patients to receive larger doses of radiation treatments.

He has co-authored 29 peer-reviewed articles and participated in four clinical trials in the past 15 years. All four clinical trials and 23 of those articles are a study of the neuroendocrine tumor.

Bushnell’s research has contributed to VA’s and the larger medical community’s understanding of the most effective treatments for Veterans with cancerous tumors.

— David Bushnell, MD
Executive Director
National Nuclear Medicine and Radiation Safety Program

HOMELESS
PROGRAMS
OFFICE

I am grateful to have the opportunity to serve our nation’s Veterans in a capacity that promotes a holistic approach to restoring and maintaining their health. The Homeless Programs Office is dedicated to finding solutions to increase access to permanent housing and offering programs and services that provide a sense of dignity, belonging, personal empowerment and independence. I have made it my mission to ensure that VA can meet the evolving needs of Veterans experiencing homelessness.

We cannot end Veteran homelessness alone; support from our community partners and stakeholders is critical. The Biden-Harris Administration’s commitment to direct the federal government’s full force to aid in preventing and ending Veteran homelessness has made a significant impact. Further, VA announced new goals for CY23, which include an ambitious housing goal and others that focus on preventing and resolving returns to homelessness and improving engagement with unsheltered Veterans.

I am proud of the work Homeless Programs performed this year in service to America’s Veterans.

Together, we are committed to refining our efforts to take advantage of this once-in-a-generation opportunity to ensure every Veteran has a safe and stable place to call home.



— Monica Diaz
Senior Executive Director



The current VA policy known as Housing First aims to provide Veterans with housing along with essential services such as health care, counseling, specialty care and other support they need to stay housed. To read about this and other VA policies regarding homelessness, scan the QR code.

KEY IMPACTS
& ACHIEVEMENTS:



35,148 VETERANS
were permanently housed
through VA’s CY23
Homelessness Goals.



33,949 VETERANS
remained in housing
by the end of FY23.



94.9% OF VETERANS
who fell back into
homelessness were
rehoused or were on
a pathway to housing
by the end of FY23.



**31,421
UNSHELTERED
VETERANS WERE
ENGAGED.**



11,064 VETERANS
exited Grant and Per Diem
to permanent housing.



4,541 VETERANS
were permanently
housed after exiting
Health Care for Homeless
Veterans Contracted
Residential Services.



More than
**13,250 NEW
INSTANCES**
of employment for
Veterans participating
in VA homeless
programs or services.

Homeless Programs assists Veterans and their families in obtaining permanent and sustainable housing with access to high quality health care and supportive services to end homelessness among all Veterans and their families. The office provides Veteran-centered, equitable and inclusive offerings to empower and enable independence.

- ✦ Leading with an evidence-based, Housing First approach.
- ✦ Reaching underserved Veterans.
- ✦ Ensuring the delivery of quality supportive services.
- ✦ Increasing the supply of and access to affordable housing.

Homeless Programs’ network of partnerships has contributed to a 52% decrease in homelessness among Veterans since 2010.



For more information about the Homeless Programs Office, scan the QR code.

MOBILE MEDICAL UNITS REACH HOMELESS VETERANS

In August, VA began deploying 25 Mobile Medical Units (MMUs) nationwide to provide health care and support to homeless and at-risk Veterans. The first MMU arrived at the VA Orlando Healthcare System in early August, and VA plans to continue the deployment through the end of February 2024.

MMUs are vans or trucks that move from one location to another to provide a private space for eligible Veterans to meet with medical providers, including mental health clinicians, social workers and other staff that provide primary care, women’s health, audiology, laboratory and telehealth services to those who may not have access to a local VAMC.

These MMUs have been made available through VA’s Homeless Patient Aligned Care Teams, whose mission is to address the unique needs and distinct challenges homeless Veterans face both accessing and engaging in health care. In addition to MMUs, VA has 83 Mobile Veteran Centers nationwide providing confidential counseling and outreach to eligible individuals in communities that are distant or remote from existing services.

VETERANS JUSTICE OUTREACH PROGRAM

The purpose of the Veterans Justice Outreach (VJO) program is to prevent homelessness and avoid the extended incarceration and unnecessary criminalization of mental illness among Veterans. This is accomplished by building and maintaining partnerships between VA and key elements of the criminal justice system. These partnerships ensure eligible justice-involved Veterans have timely access to mental health, substance use, homeless services and more that support a Veteran’s whole health.

SPOTLIGHT: DEBORAH LEE BUILDS RELATIONSHIPS WITH FIELD STAFF AND VETERANS

Lee always aspired to serve others. “When I first started working in mental health settings, I was interested in working with people who experienced trauma and struggled with post-traumatic stress disorder,” she said. “Then the local homeless program at VA hired me, and everything changed.” Lee said she found “a community of Veterans who had been ignored” and the need for an equitable, adaptive approach to providing homeless Veterans with health care.

Nearly 30 years after she came to work at VA, Lee still loves her work. Today, she supports field staff who work with vulnerable Veterans in the community. “I hope that U.S. Department of Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) field staff across the country will never feel alone in this work,” she said. Lee instills this message of support into every communication she has with field staff and advocates for their access to resources.

“The community of homeless Veterans wants VA providers who will stay engaged and meaningfully build relationships with them,” said Lee, who knew early on she wanted to be this type of provider.

“Working with homelessness opens you up to experiencing all humanity has to offer.”

— Deborah Lee
Regional Coordinator
HUD-VASH



IN FY23, VJO:

- ✦ Partnered with legal providers to offer **170 PRO-BONO LEGAL CLINICS** to Veterans on-site at VAMCs.
- ✦ Served over **50,131** justice-involved Veterans.
- ✦ Provided support to **680 VETERANS TREATMENT COURTS** and other Veteran-focused court programs.

VA AWARDS GRANTS FOR LEGAL SERVICES FOR HOMELESS VETERANS

VA awarded \$11.5M in legal services grants for Veterans experiencing or at risk of homelessness as part of its national homeless prevention efforts.

These first-of-their-kind funds, available through VA’s new Legal Services for Veterans grant program, were awarded to 79 public or non-profit organizations that will help Veterans in several ways, including:

- ✦ Providing representation in landlord-tenant disputes to prevent eviction.
- ✦ Assisting with court proceedings for child support, custody or estate planning.
- ✦ Helping Veterans obtain public benefits, including disability compensation.
- ✦ Defending Veterans in criminal cases that can prolong or increase their risk of homelessness, such as outstanding warrants, fines or driver’s license revocation.
- ✦ Assisting with requests to upgrade the characterization of discharges or dismissals of former members of the armed forces.

These grants were created as a part of VA’s implementation of the Johnny Isakson and David P. Roe, MD, Veterans Health Care and Benefits Improvement Act of 2020, which authorized VA to award each recipient up to \$150,000 in grant funds, with at least 10% of funding being used for women Veterans.

HOMELESS VETERANS COMMUNITY EMPLOYMENT SERVICES LINKS VETERANS TO JOBS

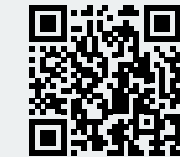
Homeless Veterans Community Employment Services (HVCES) provides vocational assistance, job development and placement and ongoing support to improve employment outcomes for Veterans served by homeless programs.

HVCES is staffed by vocational development specialists who function as community employment coordinators and specialists. These staff are embedded in homeless programs within VAMCs as a complement to existing medical center-based employment services and are a bridge to employment opportunities and resources in the local community.

How HVCES helps Veterans:

Approximately **6,000 VETERANS** exited homeless residential programs with competitive employment.

In addition to face-to-face visits, HVCES staff continue to use telehealth and telephone visits and develop strategies to provide employment services and support including virtual and drive-through job fairs.



For more information about the Veterans Justice Outreach Program, scan the QR code.



Employment rates for Veterans housed through the HUD-VASH program were **54%, EXCEEDING THE NATIONAL TARGET BY 4%.**



VETERAN VOICE: BILLY TRUESDELL FINDS HIS CALLING

For eight years, Navy Veteran Truesdell oversaw hydraulics systems for helicopters and

DC-9 aircraft. But in 1990, his world turned upside down when a fire ravaged his apartment and destroyed all his possessions. Two days later, he was scheduled to be on a helicopter flight that crashed and killed everyone on board. "On that day, my active drinking took off," recalled Truesdell. Once he began drinking, it was hard to stop.

Alcohol seemed to take nearly everything Truesdell had, including his marriage, license, job and ranch, leaving him homeless.

Truesdell sought and received help from VA. Caseworkers at the VA Tennessee Valley Healthcare System helped him unpack childhood trauma and reminded him that he mattered. He learned he was eligible for numerous programs and received support finding an affordable place to live and access to services to help with his recovery.

After a year of sobriety, Truesdell established a weekly support group for Veterans to share their experiences, reflections and struggles over coffee and pancakes. The Veterans found solace in their camaraderie, and together, they found ways to see life "sunny side up."

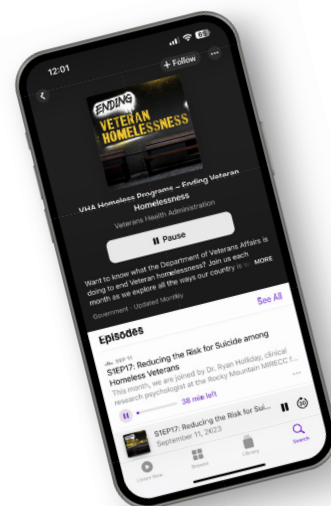
Truesdell soon felt ready to give back and wanted to return to the workforce. He found his calling at a local non-profit assisting individuals experiencing homelessness. Then, in 2021, he received an offer to work for Tennessee's HUD-VASH program.

Today, Truesdell works as a peer support specialist, dedicated to showing Veterans that no matter what they are dealing with — addiction, unemployment, family stress, homelessness — there's a way. "It's okay not to be okay," he said. "It's what you do with not being okay that matters."

He tells his clients that inherent in the title of Veteran is a lifelong guarantee that there will be people and resources ready to help.

Today, he works tirelessly every day to connect Veterans with the services they need. "It's worth every second," said Truesdell, adding that he is always ready to deliver the most important gift: hope.

— **Billy Truesdell**
Navy Veteran



ENDING VETERAN HOMELESSNESS PODCAST

Each month, the Ending Veteran Homelessness podcast explores what VA and people across the country are doing to ensure every



Veteran has a safe and stable place to call home. For more information, scan the QR code.

SPOTLIGHT: MICHELLE MIDDLETON SEES HOW VA IS MAKING A DIFFERENCE

As a program analyst with the Business Operations Team, Middleton provides administrative support to all programs. This includes developing various work products to facilitate responses to inquiries within VA, Congress, the White House and other stakeholders.

Among her many duties focused on effective and efficient support of homeless program operations, Middleton assists in processing annual Notices of Funding Opportunities and grant award packages for the Secretary's approval. These grants, awarded under VA's Grant Per Diem, Supportive Services for Veteran Families and VJO programs, are instrumental in ensuring community providers receive timely funding to provide essential supportive services to homeless and at-risk Veterans.

She finds most rewarding the unrelenting focus and commitment of the entire team to serve homeless and at-risk Veterans. "We are committed and dedicated to ensuring that our collaborative efforts are making a difference in how VA and the nation serve Veterans and their families."

"I know that Veterans are resilient, and if given the appropriate supportive services and resources, they can thrive and significantly contribute to society," she said. "Some Veterans experience challenges and barriers when they return from service and need that extra support to live healthy and personally fulfilling lives."



— **Michelle Middleton**
Program Analyst
Business Operations

NATIONAL EHRM SUPPLEMENTAL STAFFING UNIT

In FY23, the National Electronic Health Record Modernization (EHRM) Supplemental Staffing Unit (NESSU) remained operationally ready to serve as the EHRM continued to be refined and go-live dates shifted.

Staff continued to positively impact Veteran access by offering clinical care, experience and expertise to the medical facilities that implemented the new EHR. We took a deep dive into lessons learned, workload considerations and efficiencies to better ensure the services provided were appropriate to assist clinicians and staff. The team continued to enhance the newly developed peer support service, whereby staff provided moral support and how-to guidance to colleagues on the front lines.

NESSU staff participated in national workgroups and councils, contributing to EHR improvement efforts. As with any new endeavor, many unforeseen circumstances challenged our team. The steadfast and positive attitudes of NESSU staff during the initial go-live events helped establish the incredible resilience I have seen over this past year.

I am proud of the work NESSU staff members have accomplished and the collaborative relationships they have established as they work in a continuously changing landscape.



— **Brenda Faas**
Director

KEY IMPACTS & ACHIEVEMENTS:



**8,000+
PATIENTS SEEN**



**125,000+
PRESCRIPTIONS
PROCESSED**



**12,000+
APPOINTMENTS
SCHEDULED**



**2,000+ TOXIC
EXPOSURE
SCREENINGS
COMPLETED**



**9,000+ CLINICAL
CASE REVIEWS**

As VA implements the new EHR, NESSU strives to ensure seamless integration while increasing access and supporting local staff. This requires multiple strategies and extensive planning at all levels, including VAMCs, VISNs and VA Central Office.

NESSU provides direct patient care, transitional assistance and peer support to medical facilities implementing the EHR. Often referred to as “surge support,” NESSU’s clinicians have been hired and trained to supplement medical facility staff in the offices of Primary Care, Mental Health, Nursing, Pharmacy and scheduling during the most critical times. NESSU provides mitigation services as each facility prepares for their EHR transition and afterwards when local staff have reduced workload capacity. While most support is virtual, NESSU offers in-person support within some service lines.

As trained clinicians and schedulers with experience in multiple EHR rollouts, staff also provide peer-to-peer support to their colleagues through scheduled presentations, live support chats, best practices and other modalities to enhance skills and training for new users.

PEER SUPPORT PROGRAM EASES TRANSITION TO NEW EHR

NESSU staff members began providing peer support to colleagues during their first EHR deployment in March of 2022 at the Jonathan M. Wainwright VAMC in Walla Walla, Washington. What began as an informal process of NESSU clinicians sharing best practices with their counterparts evolved into a robust and standardized program described as a “force-multiplier” in knowledge sharing.

NESSU peer support sessions offer a range of topics for several audiences, including managers, providers and staff, through various modalities, virtually and in-person, to facilitate a rapid and comprehensive adoption of the EHR. Understanding that adoption occurs through repetition and diverse means, NESSU worked diligently to refine its presentations, demonstrations, live chat sessions and 1:1 peer mentoring sessions to accommodate various learning styles. Clinicians, management and executive leaders alike have praised NESSU staff for their patience, positive attitude and expertise in using the new EHR.

NESSU has formally added peer support to its menu of services and will offer it to all future sites in addition to direct patient care services, which are essential to maintaining clinical and peer support skills.

VETERAN VOICE: LYNDSEY LEFFEL USES THE TRAVELING VETERAN PROGRAM TO GET VA HEALTH CARE WHILE SUPPORTING NESSU

Retired Air Force captain Leffel has chosen VA for her health care for nearly 20 years. “When I first went to VA in 1996, I was seeking help for PTSD after deployment and didn’t know where else to go,” she said. “VA helped me. They connected me with the resources to get my service dog, Bitty White, who is the best help for my PTSD. She’s a Chihuahua who can sense when my pulse rises and helps me manage my symptoms.”

Today, Leffel works as an inpatient NESSU nurse manager, traveling to VA medical facilities where she serves as supplementary staff supporting the implementation of the new EHR. She still gets her health care from VA. “I have a primary care doctor in Florida, and she works with the Traveling Veteran Program to ensure I can get care no matter where I’m deployed. Even though I’m away from home, I continue my physical therapy treatment, get neurology appointments — whatever I need,” she said.



“I work for VA because I like the mission, and obviously I trust the care too. I share with Veterans everything I know.”

— Lindsey Leffel
Air Force Veteran

NESSU STAFF SUPPORT TOXIC EXPOSURE SCREENINGS

The Sergeant First Class (SFC) Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 is a law that significantly expands care offered to Veterans exposed to toxic substances. Providers in some regions struggled to keep up with demand for toxic exposure screenings (TES), required to determine eligibility under the new law. While VA completed over 3M screenings by April, demand remained high.

When VISN 20 leadership sought help, NESSU staff were glad to pitch in and began to support their VA colleagues in May. Medical support assistants (MSAs) jumped in to help with calling Veterans to provide background information on the PACT Act and TES, answering questions and scheduling a TES with a NESSU provider.

Because NESSU schedulers and providers are proficient in the new and legacy records systems, they were able to support TES regardless of the facility’s EHR system.

NESSU providers met with Veterans to answer questions and conduct PACT Act screenings virtually. In some cases, they referred Veterans to their primary care provider for acute and chronic ailments. They also connected Veterans with the environmental health registry for a free and voluntary medical evaluation, and the Veterans Benefits Administration and/or local Veteran Service Organization to assist with claims and compensation and pension exams.

“The work we do ensures more Veterans are aware of potential toxic exposures they may have had during their military service, and that more Veterans get screened for those exposures,” said Dr. Julia Popham, chief of service, NESSU Primary Care.

SPOTLIGHT: CAITLIN BRADY CONNECTS VETERANS WITH NESSU NOW

Primary care nurse practitioner Brady established the NESSU NOW Clinic while supporting the Roseburg VAMC in Roseburg, Oregon. The clinic is one piece of NESSU’s work to ensure Veterans get the care they need while providers learn the new EHR system.

“Providers are most efficient getting to know the new system while they continue to see their regular patients,” said Brady. “But when patients walk in or call with acute concerns that need to be addressed quickly, delays in care can sometimes occur. That’s where NESSU NOW steps in.”

Through NESSU NOW, patients who may have chosen to visit an emergency room or urgent care center are instead offered a same-day appointment with a virtual care provider like Brady. The result is quicker access to care and a reduced burden on front-line staff and the care team. “When virtual care is available and appropriate, it allows Veterans to be seen — and have their care needs met — quickly,” said Brady.

For thousands of Veterans who live in rural areas, have mobility limitations or are immunocompromised, virtual care has become a go-to health care service. Providers say they appreciate being able to help more Veterans faster.



“I love that I can help thousands of Veterans get the care they need in motion. It’s rewarding to help people who have served our country, and I feel a lot of gratitude that I can work with Veterans,” said Brady.

— Caitlin Brady
Nurse Practitioner



Clinical Services



Clinical Services

SPOTLIGHT: CHRISTOPHER THOMPSON
BRINGS CARING SPIRIT TO NESSU

As a lead MSA, Thompson is a key player in the NESSU scheduling and peer support initiatives for facilities transitioning to the new EHR.

He trains other MSAs, teaching quick, efficient and accurate ways to navigate the NESSU scheduling software. For example, Thompson observed a group of MSAs frustrated because they were manually searching for appointment details. He streamlined their work by demonstrating the option of customizing EHR preferences. The MSAs were encouraged to choose preferences to quickly identify scheduling data for appointment coordination. Additionally, Thompson shared his shortcut to streamline the scheduling documentation requirements.

“It’s a substantial task for a health care system as large as VA to change from one software to another,” said Thompson. “As staff adjusts, it can take them longer to complete tasks and they may fall behind. My team helps take on some of that work and gets Veterans faster access to the care they need.”

Thompson’s favorite part of his job is getting to know patients and helping them access care. “Everyone has a story, whether they are people you work with or patients,” he said. “It’s up to you to be there for them.”

— Christopher Thompson
Lead MSA



OFFICE OF MENTAL
HEALTH AND SUICIDE
PREVENTION

VA’s mental health teams provide the best mental health care anywhere in the country. Veterans are more likely to engage in care when it is convenient — so we are making mental health care more convenient. In FY23, Office of Mental Health and Suicide Prevention staff worked to bring innovative care to Veterans, from evidence-based treatments to virtual modalities to proactive outreach:

- ★ Expanded telemental health options and integrated mental health into oncology, pain and primary care clinics.
- ★ Standardized peer support specialist positions and integrated them throughout VAMCs. There are more than 1,400 peer support staff members currently supporting patients as part of integrated care teams across VA.
- ★ Expanded access to naloxone in homes and on VA property and made medications for the effective treatment of opioid use disorder (OUD) widely available, treating more Veterans with OUD and saving lives with naloxone overdose reversals.
- ★ Continued advertising and media campaigns to let Veterans know where and how to find us, with over 3B impressions:
 - ★ “Don’t Wait. Reach Out.” is a national campaign designed specifically for Veterans, family members and their support networks to connect to suicide prevention and other resources at [VA.gov/reach](https://www.va.gov/reach).
 - ★ The Veterans Crisis Line campaign is designed to raise awareness of call, chat and text support for Veterans in crisis. Social media, web, print and video resources can be found at [VeteransCrisisLine.net](https://www.veteranscrisisline.net) and broadly shared.
 - ★ Keep It Secure (Lethal Means Safety) campaign promotes awareness about the simple steps Veterans and their support networks can take to increase safety. Resources and information can be found at [VA.gov/reach/lethal-means/](https://www.va.gov/reach/lethal-means/).
- ★ Solidified our public health model for preventing suicide through over 1,250 community coalitions, \$20M awarded to community innovators and \$52.5M in grants to community organizations that work to stop suicidal behavior before it occurs.




I am exceedingly proud of the work of our team, day in and day out, to support the mental health of our Veterans.

— Tamara M. Campbell, MD
Executive Director


KEY IMPACTS &
ACHIEVEMENTS:

OPIOID OVERDOSE EDUCATION AND
NALOXONE DISTRIBUTION PROGRAM

Since 2014, over 56,600 VA providers have delivered more than 1.1M naloxone prescriptions to over 497,400 Veterans, resulting in


 **OVER 4,400
REPORTED
OVERDOSE
REVERSALS
WITH NALOXONE.**

VETERANS CRISIS LINE:

 Engagements increased since the launch of Dial 988 Press 1 on July 16, 2022:

- ★ Calls by 12.7%
- ★ Texts by 58.1%
- ★ Chats by 9.9%

Since launching in 2007, the VCL has engaged in more than 7.3M calls, 342,000 texts, 885,000 chats and provided more than 1.4M referrals to local Suicide Prevention Coordinators at VA facilities.

 **MORE THAN
34,000 VETERANS
IN SUICIDAL
CRISIS RECEIVED FREE
EMERGENCY HEALTH
CARE IN 2023.**

Over 1M Veterans, together, received greater than 5.9M video telemental health visits, accounting for more than 33% of total mental health visits.



For more information about mental health care, scan the QR code.



**SPOTLIGHT:
DR. JENNIFER BURDEN
DRIVES CHANGE AT VA**

Burden joined VA as a psychology intern with a strong family history of military service. Today, she is the national mental health director of Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) — overseeing 250 programs that span the residential care continuum, including specialized programs for PTSD and substance use disorder (SUD).

Known among her colleagues as a leader and consummate team player, Burden said the most rewarding part of her job is “engaging with the field and the incredible residential staff and leaders who are at the forefront of driving change.”

Burden credited the growth, success and shaping of MH RRTP programs at the national level to them.

Burden ensures Veterans are at the center of decisions related to MH RRTP operations. “My father retired from the Air Force, and I grew up on military bases,” she said. “So, I came to VA with what I thought was a good understanding of Veterans. But engaging with Veterans clinically reminds me to be humble and thoughtful in my approach to their care.”

— **Jennifer Burden, MD**
National Mental Health Director
MH RRTP

The Office of Mental Health and Suicide Prevention provides quality, state-of-the-art care to protect and restore Veterans’ mental health and overall well-being. Our nation’s Veterans are strong, capable and valuable members of society. Mental Health and Suicide Prevention provides continued support during their transition back into civilian life and throughout their lifetimes. The office strives to provide Veterans with timely, state-of-the-art, Veteran-centered and recovery-oriented mental health and suicide prevention services, including:

- ✦ Consultation, support and policy guidance to address Veterans’ needs in the time, place and manner that works the best for them.
- ✦ Programs, resources and support structure for field staff to reach Veterans who are not connected to VHA care and link them to services to support their mental health and well-being.
- ✦ Ethical, accountable, competent and customer service-focused support and advocacy to ensure excellence in mental health and suicide prevention services.

All these services and support reflect the integrity and excellence of a high reliability organization so that Veterans continue to choose VA.

**VA REACHES MORE VETERANS WITH
OPIOID USE DISORDER**

As part of the National Drug Control Strategy’s call to improve treatment by meeting people where they are, VA has expanded access to medications for OUD in Veterans’ preferred settings of care. As a result, the percentage of Veterans who received medications for OUD treatment grew, exceeding the percentage of patients receiving this treatment outside VA.

.....
Since 2004, the number of Veterans with clinically diagnosed OUD receiving clinical practice guideline (CPG) consistent medications (i.e., Opioid Treatment Program-administered methadone, buprenorphine or injectable naltrexone) has risen more than 300%. Currently, over 47% of VHA-treated Veterans with clinically diagnosed OUD receive CPG-consistent medications.
.....

**STAFF SERGEANT PARKER GORDON FOX SUICIDE
PREVENTION GRANT SUPPORTS COMMUNITY-BASED
SUICIDE PREVENTION**

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) is a community-based grant program that gives financial assistance to eligible entities to provide and coordinate suicide prevention services for Veterans and their families. Named after Staff Sergeant Parker Gordon Fox, a sniper instructor who died by suicide at age 25, the program is a core aspect of VA’s 10-year National Strategy for Preventing Veteran Suicide.

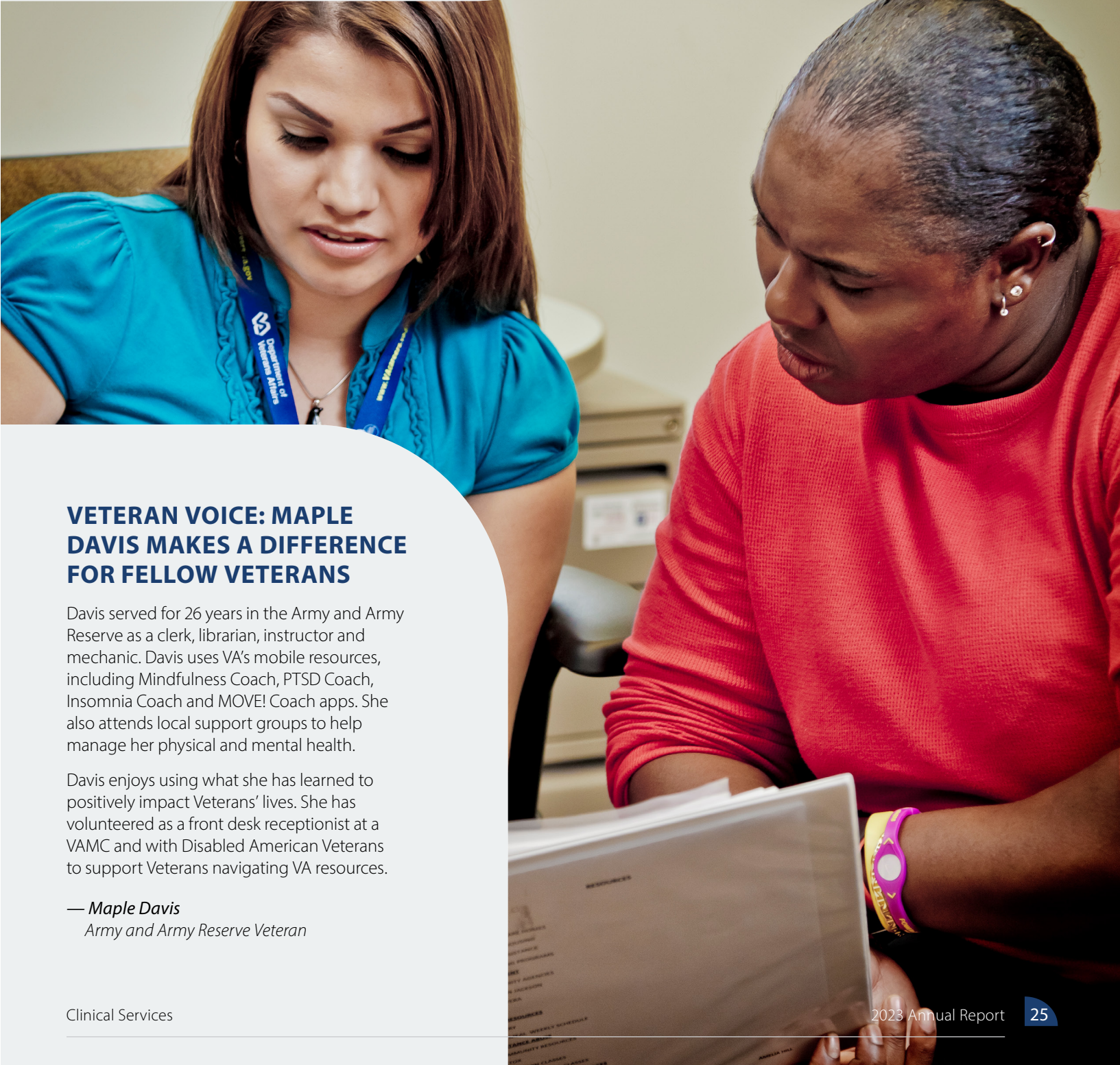
VA awarded \$52.5M in grants to 80 awardees in 43 states, Washington, D.C., and American Samoa in FY22. Twenty-one grantees serve tribal lands, including the Navajo Nation, Cherokee Nation, Choctaw Nation, Alaskan Natives and others.

In September, VA announced grant awards totaling \$52.5M for services in FY24.

SSG Fox SPGP represents an important step in leveraging community credibility and expertise in Veteran suicide prevention efforts beyond the VA system. The program blends community-based prevention with evidence-based clinical strategies through community efforts, helping VA bring personalized health care to Veterans.



The National Center for PTSD leads the world in research and education on PTSD and traumatic stress. Its award-winning mobile apps have been downloaded nearly 6M times. To view the apps, scan the QR code.



**VETERAN VOICE: MAPLE
DAVIS MAKES A DIFFERENCE
FOR FELLOW VETERANS**

Davis served for 26 years in the Army and Army Reserve as a clerk, librarian, instructor and mechanic. Davis uses VA’s mobile resources, including Mindfulness Coach, PTSD Coach, Insomnia Coach and MOVE! Coach apps. She also attends local support groups to help manage her physical and mental health.

Davis enjoys using what she has learned to positively impact Veterans’ lives. She has volunteered as a front desk receptionist at a VAMC and with Disabled American Veterans to support Veterans navigating VA resources.

— **Maple Davis**
Army and Army Reserve Veteran

MISSION DAYBREAK WINNERS
OFFER INNOVATIVE SOLUTIONS
TO VETERAN SUICIDE

In February, VA announced the 10 winners of Mission Daybreak, a \$20M grand challenge to reduce Veteran suicides by challenging innovators across the country to develop suicide prevention solutions that meet the diverse needs of Veterans.

The two first-place winners — teams Stop Soldier Suicide and Televeda — were chosen from more than 1,300 innovation submissions from Veterans, Veteran Service Organizations, community-based organizations, health technology companies, startups and universities. Their solutions ranged from lethal-means safety concepts to targeted virtual care programs.

Stop Soldier Suicide’s Black Box Project is a technology solution that identifies and analyzes data from digital devices of Veterans who died by suicide to develop machine learning models to identify never-before-known risk patterns. Paired with evidence-based, suicide-specific intervention services, the Black Box Project will accelerate precision methodologies in suicide prevention for the Veteran community.

Televeda’s Project Hózhó is the first mental health app and comprehensive operational plan for American Indian and Alaska Native (AIAN) populations. Televeda designed the tool in partnership with AIAN and Veteran communities for Navajo Veterans with plans to adapt and expand for use with other tribes. The solution incorporates traditional healing practices like storytelling and talking-circle interventions to reduce Veteran suicide and improve access to VA resources.



To read more, including about the other winning solutions, scan the QR code.

PEER SUPPORT SERVICES — VETERANS
HELPING VETERANS

Peer specialists are Veterans with lived experience of recovery from a mental health condition and serve as relatable role models of recovery for other Veterans. As trained and certified mental health professionals, they work on interdisciplinary treatment teams across the continuum of care and bring their perspective to the treatment approaches.

For Veterans, working with a peer specialist who has had similar military experiences and post-military personal struggles builds trust. Peer specialists help Veterans identify their personal strengths and the skills and resources needed to support their goals. Using various recovery tools, peer specialists help Veterans enhance healthy coping strategies and improve self-management skills. Peer specialists aim to improve Veterans’ whole health by empowering them to advocate for themselves, access available resources in and outside VA, reconnect with others and find a sense of belonging in their communities.

Studies have found improvements in mental health treatment engagement, treatment retention, reduction in symptoms of mental illness, abstinence from addictive substances and quality-of-life measures for individuals who received peer support services as part of their mental health care. There are also reported benefits specifically for Veterans who work with peer specialists in the VA health care system, including increased hopefulness, treatment engagement and community integration; reduced isolation and symptoms of mental illness; and improved functioning.

VHA is now the single largest employer of peer specialists in the U.S. As of November 27, 2023, there were 1,415 peer specialists working in VHA.

SPOTLIGHT: THERESA J. PATTON
COORDINATES MISSION DAYBREAK
SUBMISSIONS

Patton was months into her student internship at the South Central VA Health Care Network office in Mississippi when Hurricane Katrina made landfall in August of 2005. Without a thought, she volunteered to join the local relief efforts. Patton helped set up a command center, looked for patients on ventilators, spread the word about the emergency hotline and maintained communications across more than a thousand employees.

While Patton was new to VA in 2005, she was not new to the Veteran experience. She grew up familiar with the high quality care her relatives received through VA — even regularly accompanying her family members to appointments at their local VAMC.

Patton served as the Suicide Prevention Program Office’s Project Manager for the 2022 Suicide Prevention Grand Challenge — a \$20M Mission Daybreak challenge to prevent Veteran suicides, one of VA’s top health care priorities. She led the effort to coordinate and facilitate over 1,300 innovative submissions from thought leaders within universities, health technology companies and Veteran Service Organizations. “This herculean project was a great opportunity that turned out to be my finest moment,” Patton said. “I believe those winning solutions will benefit all Veterans.”



— Theresa J. Patton
Health System Specialist

SPOTLIGHT: DR. CARLA NAPPI
IMPROVES MENTAL HEALTH CARE
SERVICES TO VETERANS

Nappi has been improving mental health care at VA to better serve Veterans for more than 15 years. Currently a quality improvement and implementation consultant (QIIC) with Mental Health and Suicide Prevention, Nappi began her VA career as a psychology intern and served as chief of mental health at the Grand Junction VAMC in Colorado. “Veterans made a sacrifice that I can’t comprehend, and it’s a privilege to give them high quality mental health care,” she said.

Nappi said she is proud to have established a psychology internship training program at the small rural medical center. “The program brought excellent psychology interns in — many of whom stayed on as staff psychologists — who would have never come to Grand Junction.” Nappi also helped establish the first Substance Use Disorder Residential Rehabilitation Treatment Program in Colorado, further improving health care services to local Veterans. “I’m proud to have been a part of bringing excellent mental health treatment to Veterans who deserve the best,” said Nappi.

In her current role as a QIIC, Nappi provides guidance and support in implementing Mental Health and Suicide Prevention policies to VA’s Northeast Consortium, which encompasses VISNs 1, 2, 4 and 5. “I like digging in and understanding how a site can provide care more effectively, and building relationships with staff who are delivering direct care to Veterans.”

— Carla Nappi, PhD
QIIC



OFFICE OF PRIMARY CARE

The Office of Primary Care is the foundation of VA health care and is often the first point of contact for Veterans.

Primary Care continued to focus on our top three priorities: management of high-risk patients, virtual care and fidelity to the Patient Aligned Care Teams (PACT) model. We provided expertise, training and oversight virtually and through in-person site visits.

In addition to the management and oversight of all sites of Primary Care, including Women's Health Clinics, we manage Clinical Resource Hubs (CRH) and the Intermediate Care Technician (ICT) program, which improve Veteran access to timely health care. The ICT program augments the VA workforce with former military medics and corpsmen in a unique health care role, enabling the transition of a highly skilled workforce from military service to Veteran status.

Primary Care has been instrumental in rolling out toxic exposure screening (TES) for the Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act.

This year, we created the Primary Care Business Fundamentals Course for Primary Care leaders to equip them with the skills to improve operational efficiency.

As part of our ongoing effort to meet Veterans where they are and provide care virtually, we initiated video blood pressure visits that allow patients to receive high quality nursing care for chronic diseases such as hypertension in their homes or their location of choice.

In 2023, Primary Care continued to actively partner with other VHA offices to develop and evaluate innovative programs that integrate resources into the PACT model, including oversight of pain management within Primary Care.

I look forward to the continued excellent work of the Primary Care staff and the valued partnerships across VA that allow us to provide world-class health care and benefits to Veterans.



— Angela Denietolis, MD
Executive Director

KEY IMPACTS & ACHIEVEMENTS:

In FY23, Primary Care performed **TESs FOR MORE THAN 4.3M UNIQUE VETERANS**, accounting for 90% of VHA's screenings.



Nearly **20M PRIMARY CARE ENCOUNTERS** (a documented interaction between a patient and provider) in FY23.



More than **5.2M UNIQUE VETERANS SEEN IN FY23**.



More than **218,000 COMPENSATION AND PENSION EXAMS** completed in FY23.

ICT PROGRAM:

In FY23, there were 650 ICT positions occupied in 90 VAMCs, a 33% total manpower growth for this occupation compared to FY22.

Currently, there are 132 Primary Care/Community-Based Outpatient Clinic locations with ICTs, representing a 55% increase from FY22 and operational within 22 different care areas/clinical departments.



For more information about primary care, scan the QR code.

The Office of Primary Care oversees the policy, implementation and sustainment of the PACT model of care delivery, which is VA's version of the patient-centered medical home. The office's four major lanes of effort are each supported by individual directors for operations, clinical services, improvement and innovation, and business operations and management. Primary Care also includes a sub-office, Disability and Medical Assessment, which oversees the VHA Compensation and Pension (C&P) examination process for Veterans.

The office provides quality and accessible primary care to all Veterans through the PACT model, placing the Veteran at the center of their care team. This is accomplished through team-based, patient-centered care focusing on personalized, integrated, comprehensive and coordinated approaches to health care.

Primary Care has many partners at VA Central Office and in the field. It is governed by the Primary Care Governance Council (PCGC), which is an interdisciplinary council composed of program office, VISN and facility staff and other stakeholders. The PCGC prioritizes national improvement initiatives, makes recommendations and promotes decision-making to support facilities and VISNs in operations and patient care.

VETERAN VOICE: SPOUSE PRAISES VA STAFF FOR GOING ABOVE AND BEYOND

A Hampton, Virginia, Veteran's spouse sang the praises of the Hampton VAMC and a C&P staff member who assisted them during a serious time of need.

This spouse found her Air Force Veteran husband on the ground at their home, barely able to speak. He had suffered a major stroke, and due to the seriousness of his condition and the need for ongoing treatment, he could not attend a scheduled examination for an increase in service-connected compensation.

Feeling very confused and unsure of how to proceed, the spouse reached out to the Hampton VAMC and the social work department connected her with nurse practitioner Kerry Beasley.

Beasley is known for advocating for Veterans daily and exhibited that commitment by coordinating an off-site medical exam at the Veteran's contracted nursing facility. She also coordinated with her local VA regional office to expedite the Veteran's claim rating. The Veteran received a rating that allowed him to also receive aid and attendance benefits to assist with his complex care needs.

"Kerry is an absolute angel," the Veteran's spouse said. "I don't know what we would have done if she hadn't stepped in."

— Anonymous

SPOTLIGHT: KRISTINA SNELL BRIDGES GAPS IN VETERAN CARE

In 2013, Snell's husband forwarded her an email inviting former combat medics and corpsmen to apply to become one of VA's first Intermediate Care Technicians (ICTs). This program places qualified Veterans in positions to provide high-level clinical support, mirroring their medical education, experience and service in the military.

Ten years later, she runs the ICT program nationally.

During the COVID-19 pandemic, Snell identified a need she thought ICTs could fill. "We were all being encouraged to stay distant from each other," she said. "That isolation can impact older, vulnerable adults differently." Snell helped pilot Supporting Community, Outpatient, Urgent Care and Telehealth Services (SCOUTS), a program that taught medical staff geriatric emergency department (ED) practices and trained ICTs to perform geriatric syndrome screening nationwide.

Under the SCOUTS program, ICTs visit the homes of vulnerable adults recently discharged from an ED. The ICTs bridge the gap in care between the patient's emergency room visit and the time they return to their primary care team.

"If I had worked at a non-VA health care system as an emergency room tech, and I had a great idea, that idea wouldn't have gone anywhere," said Snell.

"VA supports innovative thinkers no matter where you are in the system. I'm so proud to be a part of this organization."

Snell says the most rewarding part of her job is connecting Veterans with careers at VHA. "Veterans are vulnerable when they transition out of the military, and it's rare to find a Veteran who doesn't know someone who made a suicide attempt during that time. If I can help transitioning Veterans find a job — and a purpose in their post-service life — that's worth fighting for."



— Kristina Snell
ITC

CLINICAL LEARNING INITIATIVES
TRAIN CLINICIANS ON THE
PACT MODEL OF CARE

Primary Care has developed comprehensive clinical training modules to help field staff learn how to operate under the PACT model. In the PACT model, a team of health professionals, led by a provider, works collaboratively with the patient to provide for all the patient’s health care needs.

PACT University is a series of courses staff can take live or on-demand. They range from PACT 100, which covers the foundational elements of the PACT model of care, to PACT 400, which addresses advanced role-specific content to aid staff in leadership roles.

Primary Care Business Fundamentals is a three-day, face-to-face course for Primary Care leadership, providing instruction on how to best deliver comprehensive, coordinated, patient-centered care to Veterans. The course guides implementing systematic quality improvement processes, including soliciting and analyzing data and patient input regarding patient experiences, with the PACT model.

The Primary Care Knowledge Boost webinar series is held weekly and focuses on unique topics and skill sets to supplement training in fundamentals. This series concentrates on developing a knowledge base and skill set that are more in depth and up to date, allowing Primary Care staff to perform at a higher operational and technical level.

To date, 59,548 VA employees have taken courses that are a part of the Clinical Learning Initiative, yielding more than 63,162 learning hours.

PUTTING VETERANS FIRST
REWARDS PERSONAL COMMITMENT
TO VETERAN CARE

Employees in the Office of Disability and Medical Assessment (DMA) and Veterans Benefits Administration found a way to recognize colleagues who were continually going above their job descriptions to serve Veterans, caregivers and their families. DMA developed a joint collaborative employee spotlight initiative, “Serving Our Heroes: Putting Veterans First.”

Examples include a C&P examiner traveling several hours to see a terminally ill Veteran in their home, recognizing an acute mental health crisis and coordinating safe, effective care very quickly. Many awardees have connected unenrolled Veterans to VA health care with a warm hand off to the eligibility office. Their delivery of personalized, proactive attention to Veterans and their families led to timely exams and ratings.

Since June of 2022, 57 VA employees have been honored, receiving national recognition from peers and VA leadership.

The Putting Veterans First initiative emphasizes the dedication of VA staff and highlights their commitment to ensuring Veterans receive the benefits they have earned.

SPOTLIGHT: DR. MAIA CARTER
CONNECTS PATIENTS WITH
VIRTUAL CARE

Early in her medical career, Carter “fell in love” with VA’s patient-focused, integrated care system. “I’ve always been mission-oriented and wanted to work to help vulnerable populations. At VA, I found a patient population I enjoyed treating and a medical approach that is holistic and team-based, and allows providers to focus on patient care,” she said.

Since 2021, Carter has led the integration of virtual care into the primary care system, working to streamline the experience of virtual care for patients. Her work directly supports VA’s health care priority to connect Veterans to the soonest and best care. “During the pandemic, we saw what virtual care really could do,” said Carter. “In addition to being a tool to reach Veterans and maintain social distance, we were able to reach patients who would have otherwise not seen a provider because they lived far away or faced barriers to in-person care.”

Carter emphasized that virtual care will not replace in-person care for patients who want it. “Virtual care allows patients to connect with their health care team conveniently,” she said. “We are working hard to expand the strong practice of mimicking the in-person clinic visit while developing tools to expand objective data, like virtual vital signs, while maintaining encryption and patient privacy.”

Carter is hopeful that one day, virtual care will be routinely offered so Veterans can reach their primary care team wherever they are — from their home to their vacation destination or work. “Our efforts for virtual care expansion enable our health care teams to leverage technology to take exceptional care of our Veterans.”



— **Maia Carter, MD**
Director
Virtual Care Integration

CLINICAL RESOURCE HUBS
CONNECT RURAL VETERANS
TO QUALITY CARE

CRHs were initially conceived to bring VA health care to Veterans living in rural or hard-to-staff regions. Today, the CRH program offers Veterans in all geographic regions a full complement of services, from psychiatry to occupational health to virtual Tai Chi. Staffed by 1,800 full-time employees, the CRH program has established hubs in all 18 VISNs with telehealth and in-person team-based care. VAMCs and outpatient clinics can request clinical support from the regional CRH.

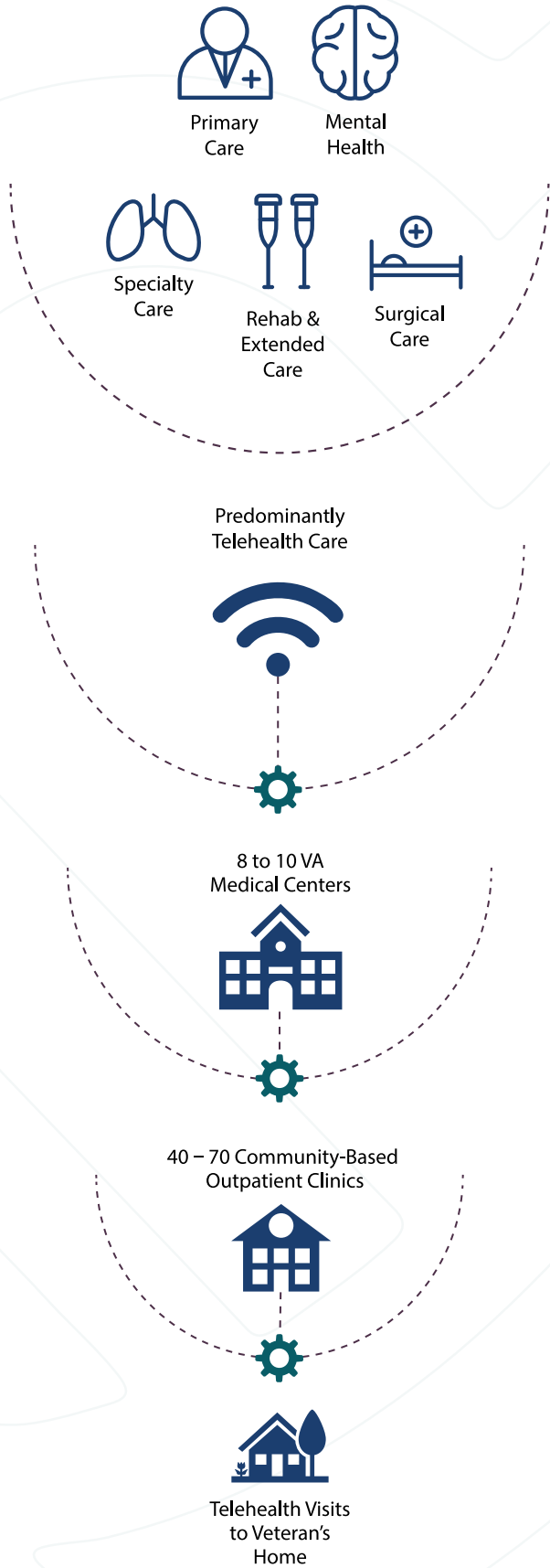
In March of 2023, the CRH program achieved a milestone of providing health care to 2M Veterans. “Every Veteran should be able to receive all types of health care when and where they want it, whether that care is physical, mental or spiritual,” said Matthew Rogers, CRH director. “CRHs are positioned to bring the best of VA care to Veterans wherever they are.”

- In FY23, CRH:
- Conducted more than **902,000 encounters, a 35% increase from FY22.**
 - Experienced **a 16% growth in dedicated staff.**
 - Implemented virtual interdisciplinary pain management services, providing **virtual pain care for 1,881 Veterans**, with almost half of these residing in rural or highly rural locations.
 - Provided clinical services from 14 of the 18 CRHs to facilities in other VISNs.
 - Hosted 88 post-graduate/doctoral trainees.



For more information about Clinical Resource Hubs, scan the QR code.

CRH CARE MODEL



Service	Number of VISNs with Active Service
Allergy & Immunology	1
Bariatric/Weight Management	2
Cardiac/Vascular	2
Cardiology	8
Compensation & Pension	1
Dermatology	3
Ear, Nose, Throat (Otolaryngology)	1
Endocrinology	2
Eye Care	8
Gastroenterology	3
Genomics	1
Hepatology	1
Infectious Disease	1
Long COVID	1
Low Vision	1
Mental Health	18
Neuro	2
Neurology	1
Oncology	1
Orthopedics	2
Pain Management	5
Podiatry	1
Primary Care	18
Pulmonary	3
Rehabilitation	5
Sleep Medicine	2
Suicide Prevention	15
Urology	3
Whole Health	5
Women's Health	1

SPOTLIGHT: JOSE MAYSONET
HELPS VETERANS GET THE
BENEFITS THEY DESERVE

An Army and Air Force Veteran with 40 combined years of federal service, Maysonet is still serving his fellow Veterans in DMA. As a former C&P examiner and now a quality management specialist, Maysonet helps Veterans receive the benefits they have earned by auditing to ensure the quality of C&P exams.

"I remember when reviewing one particular claim and medical record, the Veteran had only claimed a few conditions despite ample evidence he had suffered multiple injuries while fighting in the Iraq war," said Maysonet. "When I met with him, he appeared to have a depressed mood and told me he didn't think he was worthy of VA benefits." Maysonet encouraged the Veteran to pursue a mental health appointment despite the Veteran's fear of being labeled as unstable. "Three months later, the Veteran came by to visit me and say thank you. He was seeing a therapist to work on his PTSD and anger, and now receives free health care for all his conditions."

Maysonet emphasized that caring for Veterans' well-being can go beyond providing clinical care supporting the whole health of the Veteran. "While I no longer provide direct medical care, it is rewarding to know that my contributions can help Veterans have a positive experience and get the benefits they deserve."



— Jose Maysonet
Quality Management Specialist
DMA



Clinical Services

SPINAL CORD
INJURIES AND
DISORDERS
PROGRAM OFFICE

I am honored and humbled to serve as the executive director of a dedicated team that supports our nation's Veterans with spinal cord injuries and disorders (SCI/D).

VA is the only integrated system of care in the nation to provide comprehensive, lifelong services for individuals with spinal cord injuries and non-traumatic spinal cord disorders. The Veterans we serve are central to all we do, and our goal has always been to ensure the system of care offers unique services and provides specialized care, unavailable elsewhere, for Veterans with SCI/D.

Over the past year, we continually strove to improve rehabilitation and lifelong care for Veterans with SCI/D.

Among other accomplishments, in FY23, SCI/D:

- ✦ Improved access to mammography for Veterans with SCI/D.
- ✦ Continued to play a role in developing medical devices to improve Veterans' lives.
- ✦ Implemented telewound services at 80% of SCI/D centers.

I am proud of what we accomplished in 2023 and our team's ongoing commitment to serve by caring for America's Veterans, their families, caregivers and survivors.



— I. Manosha Wickremasinghe, MD
Executive Director

KEY IMPACTS &
ACHIEVEMENTS:



23,985 VETERANS
with SCI/D served by VA.



15,750 VETERANS
with SCI/D served by telehealth.



19,154 VETERANS
with SCI/D served by
SCI/D specialty clinics.



8,583 VETERANS
with SCI/D served by SCI/D
telehealth specialty clinics.



For more
information about
Spinal Cord Injuries and
Disorders System of
Care, scan the QR code.

The SCI/D Program Office supports and maintains the health, independence, quality of life and productivity of Veterans with spinal cord injuries and disorders throughout their lives. The program offers many levels of care, education and training for patients and families. VA's SCI/D system of care is the largest, most comprehensive network serving people with traumatic spinal cord injuries and non-traumatic spinal cord disorders in the nation.

Veterans with SCI/D are a vulnerable, complex population with ongoing impairments, functional limitations and disabilities resulting from their underlying SCI/Ds. They have a high risk of developing new complications and co-morbid conditions. VA integrates vocational, psychological and social services to address patients' changing needs throughout their lives. SCI/D offers a full spectrum of services designed to provide resources and care to optimize physical and mental health, educational and vocational opportunities, community reintegration and resumption of social roles. Its interdisciplinary teams are made up of experts from fields including nursing; occupational, physical, kinesio- and recreation therapies; psychology; social work; vocational rehabilitation; and pharmacy, nutrition and several medical specialties. These integrated teams work with patients to achieve and maintain independence and support whole health.

The SCI/D system of care integrates services with experts in 25 regional SCI/D Centers and designated SCI/D primary care teams at local facilities. The structure of the SCI/D system of care was first developed more than 25 years ago and has served as a model for the treatment of other special populations, including Veterans with polytrauma, blindness/low vision and amputation. VA is the only health care system in the country with specialized institutional SCI/D long-term care centers.

IMPROVING MAMMOGRAPHY ACCESSIBILITY FOR VETERANS WITH SCI/D

SCI/D and Diagnostics, in partnership with other VA programs including Women's Health, Rehabilitation and Prosthetic Services and Integrated Veteran Care, have formed a workgroup to lead implementation of Section 105 of the Making Advances in Mammography and Medical Options for Veterans (MAMMO) Act, requiring that Veterans with SCI/D and other physical disabilities have equal access to mammography.

The Section 105 workgroup is identifying best practices for improving accessibility to mammography screening services for women with disabilities and planning to disseminate this information across the enterprise and to community stakeholders.

To enhance breast cancer screening rates among women Veterans with SCI/D or amputation, workgroup members are addressing accessibility definitions, standards and measures; developing and executing an accessibility study; creating a screening dashboard; evaluating community care accessibility and identifying best practices for mammography for women Veterans with disabilities.

Staff and facility accessibility surveys have been deployed to all mammography centers across VA to address processes, equipment and environmental spaces that could hinder women Veterans with disabilities from accessing mammography.

PERSONALIZING CARE WITH ADVANCED MANUFACTURING

SCI/D is an important partner in the Office of Advanced Manufacturing, led by the Office of Healthcare Innovation and Learning.

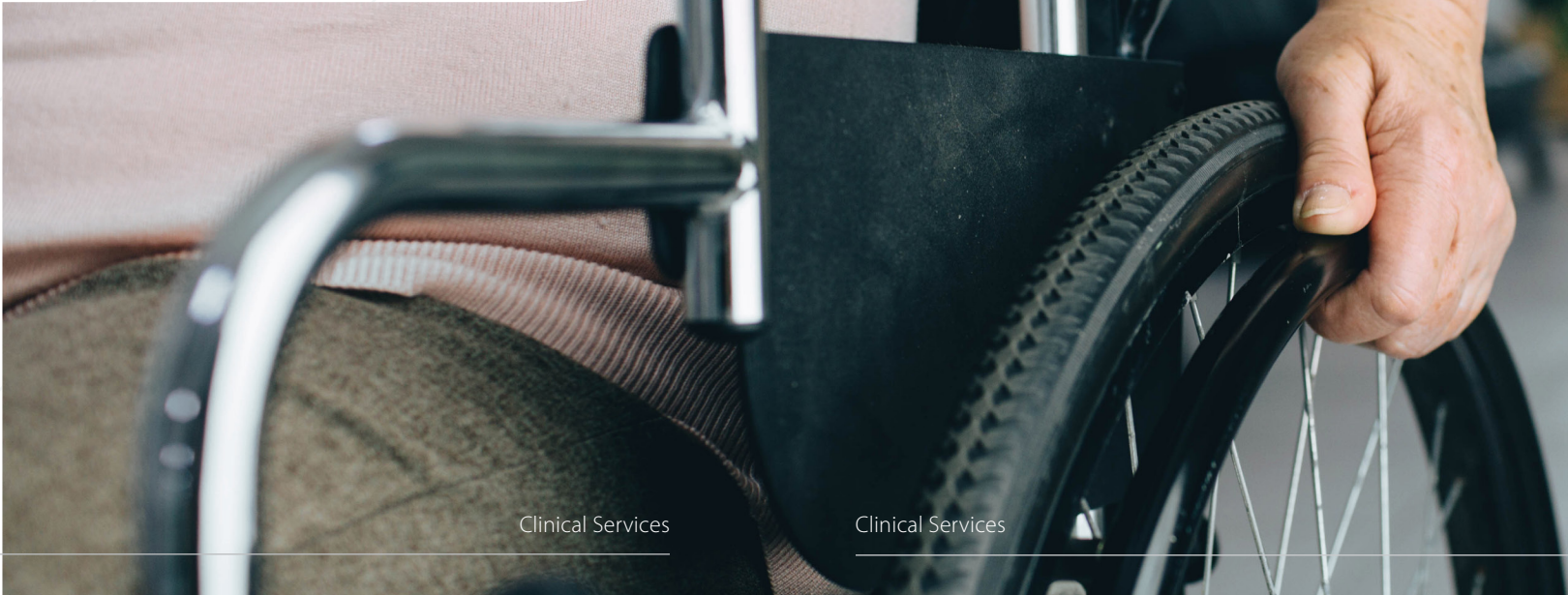
Advanced manufacturing allows the fabrication of low-volume, high-impact assistive technology devices like electronic toothbrush holders and seat cushions to help patients improve the quality of their lives. VA has been a pioneer in establishing point-of-care manufacturing labs, bringing medical device fabrication to hospital campuses.

As a voting member of the Advanced Manufacturing Advisory Committee, SCI/D has an integral role in planning and executing dynamic, flexible production technologies. These technologies facilities have access to advanced manufacturing capacity, and every eligible Veteran has access to personalized care.

The committee is identifying assistive devices, like the prototype wheelchair cushion developed using advanced manufacturing capabilities at the Louis Stokes Cleveland VAMC in Ohio. It is just one example of how advanced manufacturing has the potential to improve quality of life for Veterans with SCI/D, reducing complications and inconveniences.

YES, YOU CAN! A GUIDE TO SELF-CARE FOR PERSONS WITH SPINAL CORD INJURY

SCI/D has partnered with the Paralyzed Veterans of America to produce the *Yes, You Can!* patient education handbook since 1986. Since the first edition, *Yes, You Can!* has been the premiere patient education handbook for people with SCI/D and is used within VA and internationally. An updated edition — including new chapters on women's health and whole health — is nearing completion.



INCREASING ACCESS TO WOUND SPECIALTY CARE SERVICES FOR VETERANS WITH SCI/D

Individuals with SCI/D are especially vulnerable to pressure injuries – roughly a third of individuals with SCI/D suffer a pressure injury at some point.

Wounds resulting from pressure injuries are a major cause of injury and death, resulting in a need for prolonged bedrest and interference with the social, vocational and recreational activities that enhance Veterans' lives.

To increase access to wound specialty care services for Veterans with SCI/D, the office joined efforts with the No Wound Left Behind initiative. This initiative is spearheaded by the Diffusion of Excellence team in collaboration with the Office of Nursing Services, Quality Enhancement Research Initiative, National Podiatry Program and the Office of Connected Care.

The No Wound Left Behind multi-year collaborative project led to the development of a full range of clinical and administrative processes. Results of the collaboration include standardized training and implementation guidance materials — including a telewound specialty care supplement to the telehealth operations manual, a web-based resource repository, live training, office hours guidance and a range of implementation strategies.

While implementation of this important initiative remains underway, target milestones were achieved by Q4 of 2023, with 80% of SCI/D Centers having implemented telewound services. SCI/D plans to continue to support and monitor the implementation of telewound care at all SCI/D centers and eventually expand services into local facilities.

VETERAN VOICE: MARK MALONEY IS FINISHING STRONG

After 22 years in the Army, serving in Vietnam and as a logistics specialist worldwide, Veteran Maloney maintained an active lifestyle. "I was very active from the age of 55," said Maloney. "I started entering races, first to lower my cholesterol — and then I got to a point where it became addictive. I was running two to three races a week for a long time and doing good."

Then Maloney lost control of his bike during a routine ride through the Garden of the Gods Park in Colorado and suffered a catastrophic C3 spinal cord injury, classifying him as a person with quadriplegia. The doctors told him he would likely never walk again, but Maloney refused to give up hope.

Once out of the hospital, Maloney began working with physical therapists from the SCI/D Center at the Rocky Mountain Regional VAMC in Aurora, Colorado. Three years later, he worked up the ability to walk a kilometer with the assistance of the Lite Run device.

The Lite Run is a special walker that uses negative air pressure to relieve the weight of the user's body so they can walk easily. The device was invented to improve mobility and increase the quality of life in patients who are disabled and benefit from additional assistance.

"It's incredible, it gets people who can't walk or who think they can't walk to see what they can really do," said Maloney.

In May, Maloney — now 87 years old — walked the last kilometer of the BOLDERBoulder race with the assistance of the Lite Run and his VA physical therapists. As he entered Folsom Stadium for the final stretch toward the finish line, Maloney and his story were broadcast to the entire crowd on the big screen, where he was met with a hero's welcome of cheers.

"When you run a race... what you're trying to do is finish strong," said Maloney. "I'm 87. That's the way I want to look at my life. I want to finish strong."



— Mark Maloney
Army Veteran

SPOTLIGHT: DR. JENNIFER SIPPEL
IMPROVES CARE TO VETERANS
WITH SCI/D REGISTRY

Sippel led the design and implementation of the automated SCI/D Registry (SCIDR) across VHA. The registry enables clinicians to track Veterans with SCI/D, evaluate services and improve care. It can also help Veterans with SCI/D in times of crisis. For example, when a devastating ice storm hit Texas in February of 2021, the SCI/D teams in Dallas, Houston and San Antonio used VHA SCIDR to identify and reach out to Veterans, connecting them with resources to ensure their safety. VHA SCIDR also allows SCI/D teams across the nation to contact Veterans to inform them of product recalls or connect them with new services and programs that assist or augment their care.

Sippel continues to develop new research, planning and policy for SCI/D. One recent project included a survey asking Veterans about their experiences completing the SCI/D annual evaluation. Information gathered from the survey helped SCI/D teams address the travel barriers Veterans face, provide an enhanced system of reminders and offer Veterans more ways to access services and care.

After completing both her pre-doctoral internship and post-doctoral fellowship at various VA health care systems, Sippel decided to work for Veterans.

“I can’t imagine a more diverse, rewarding or interesting career anywhere else,” she said.

— Jennifer Sippel, PhD
Director
SCI/D National Outcomes



SPECIALTY CARE
PROGRAM OFFICE

The Specialty Care Program Office continued to raise the bar as a key part of VA’s unified health care system, bringing the highest quality of medical care to the Veterans who count on us. Our collaborative and multidisciplinary teams innovate so Veterans – no matter where they live – have increased access to more treatments and services across VA’s unique footprint.

For example, we continue to expand our telestroke program, helping Veterans get fast access to expert medical treatment in cases where time lost equals brain lost. In our oncology program, the growing use of Virtual Tumor Boards brings multidisciplinary teams of experts together to help develop or confirm personalized and comprehensive treatment plans for Veterans fighting cancer.

These are just a few examples of the incredible services provided to Veterans through our program office. Together, they ensure that all Veterans, regardless of location or circumstance, receive the timely and effective medical attention they deserve.



I am proud of the accomplishments our specialty care programs made in FY23, and their commitment to providing the highest quality care to the Veterans who count on us.

— Ajay Dhawan, MD
Chief Officer

SPOTLIGHT: DR. FRIEDHELM
SANDBRINK TAKES A COMPREHENSIVE
APPROACH TO CHRONIC PAIN

About one out of three Veterans has a chronic pain condition, and chronic severe pain is about 40% more common in Veterans than in the general U.S. population. Sandbrink is proud of VA’s comprehensive approach to caring for patients with chronic pain. “VA has a whole health approach to all patient care — that approach is not unique to

— Friedhelm Sandbrink, MD
Executive Director
Pain Management, Opioid Safety and Prescription Drug Monitoring Program

KEY IMPACTS &
ACHIEVEMENTS:



181,449 VETERANS
RECEIVED
LUNG CANCER

SCREENING IN FY23,
exceeding the target by 34%.



Only 1.5% of patients left
Emergency Medicine visits
without being seen.



More than 77% of podiatry
patients are satisfied
with their provider.

OF THE TOP 20 HOSPITALS
IN THE NATION
in reducing heart failure
mortality, 13 are VAMCs.

OF THE TOP 100 HOSPITALS
IN THE NATION
in reducing heart failure
mortality, 41 are VAMCs.

pain,” he said. He emphasized the importance of addressing the medical, social and psychological components of pain to limit its impact on a patient’s quality of life.

“Every Veteran is a unique person. Their background as service members, whether or not they experienced combat, influences not only their health, but who they are. We are committed to supporting Veterans with health care that is patient-centered, individualized and coordinated across our disciplines.”

Specialty Care comprises 25 national programs and five centers of excellence.

Specialty Care ensures the development and oversight of policies and regulatory requirements, patient care access needs, safety issues and timely reporting. It also provides program design, guidance and quality assurance for medical and select surgical sub-specialties, nutrition services and programs.

By developing policy, clinical guidance, research and education support, Specialty Care oversees comprehensive and equitable services across the enterprise.

Specialty Care includes:

- ✦ Allergy and Immunology
- ✦ Anesthesiology
- ✦ Cardiology
- ✦ Critical Care, Pulmonary and Lung Cancer Screening
- ✦ Dermatology
- ✦ Diabetes and Endocrinology
- ✦ Emergency Medicine
- ✦ Gastroenterology and Hepatology
- ✦ Genomic Medicine Service
- ✦ Health Physics
- ✦ HIV, Hepatitis and Related Conditions
- ✦ Hospital Medicine
- ✦ Infectious Diseases
- ✦ Kidney Medicine
- ✦ Neurology
- ✦ Nutrition and Food Services and Food Security Office
- ✦ Oncology
- ✦ Ophthalmology
- ✦ Optometry
- ✦ Pain Management, Opioid Safety and Prescription Drug Monitoring Program
- ✦ Podiatry
- ✦ Radiation Oncology
- ✦ Rheumatology
- ✦ Sleep Medicine
- ✦ Telecritical Care
- ✦ Centers of Excellence:
 - ✦ Epilepsy Centers of Excellence
 - ✦ Headache Centers of Excellence
 - ✦ Multiple Sclerosis Center of Excellence
 - ✦ Parkinson’s Disease Research, Education and Clinical Center
 - ✦ VA-Department of Defense Vision Center of Excellence

ACCESSING COLORECTAL CANCER SCREENING FROM THE COMFORT OF HOME

This year, VA began implementing a coordinated mailed Fecal Immunochemical Testing (FIT) screening program for Veterans at average risk of colorectal cancer (CRC).

FIT is a noninvasive, stool-based test that effectively reduces cancer mortality and enables Veterans to undergo screening in the comfort and safety of their homes. FIT reduces barriers to CRC screening and facilitates preventive cancer screening services, especially in medically underserved communities.

CRC is the second-leading cause of cancer deaths in the U.S. The likelihood of surviving five years after a CRC diagnosis is 90% when cancer is detected in early stages, 69% when detected in a regional stage and 8% when detected at an advanced stage. CRC screening can be achieved through various tests such as an annual FIT or a colonoscopy every 10 years. Despite the effectiveness of screening, many age-eligible adults are not screened on this recommended timeline due to structural and social barriers and a lack of familiarity with CRC screening.

FIT screening offers a convenient, minimally invasive and cost-effective at-home alternative to colonoscopy that patients and providers appreciate, making it an important component of any CRC screening program.

IMPROVING ACCESS TO LUNG CANCER SCREENING

Lung cancer is the leading cause of cancer deaths in the U.S., and studies have shown that Veterans have higher rates of cancer than those who never served in the military. Nearly 8,000 Veterans are diagnosed and treated for lung cancer every year across VA medical facilities. VA estimates 1-2M Veterans have an elevated risk of developing lung cancer.

For Veterans with elevated risk — those between the ages of 50-80 who currently smoke cigarettes or quit within the past 15 years — VA offers lung cancer screening with an annual Low-Dose Computed Tomography (LDCT) scan that can identify lung cancer before a person has any symptoms of cancer. Since the end of FY20, VA has more than tripled the number of Veterans screened for lung cancer.

The National Center for Lung Cancer Screening is committed to ensuring that eligible Veterans have equitable access to high quality lung cancer screening, and it is piloting programs that target homeless Veteran populations while establishing mobile LDCT scans for rural Veterans.

An estimated 50% of all adults who undergo screening currently use cigarettes. VA launched a clinical pilot to evaluate smoking cessation care integration into screening programs to increase treatment rates.

Since implementing this project, seven VAMCs have begun offering smoking cessation treatment to screening-eligible patients.

CONNECTING FOOD SECURITY TO WHOLE HEALTH CARE

VHA established the National Food Security Office (FSO) in 2022 to support the whole health of Veterans, caregivers and families by ensuring that all Veterans have equitable

access to nutritious, affordable and culturally appropriate food. The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life. An estimated 10% of Americans have experienced food insecurity, making them more likely to have physical and mental health problems.

FSO is built on three pillars: partnerships, data management, and research and education. With its partners, the office is launching pilot programs that secure Veterans’ access to fresh produce, provide nutrition education and explore grocery delivery for Veterans who are homeless. The office uses data collected from more than 10M Veterans screened for food insecurity to help inform facility staff on how to support their vulnerable populations.

FSO also educates providers at VAMCs on how to screen for food insecurity, destigmatize conversations about food insecurity and secure help for vulnerable Veterans.

“Our greatest asset in meeting our goal to end food insecurity for every Veteran and family is VA’s integrated approach to health care,” said Dr. Christine Going, senior advisor of FSO. “The electronic health record allows for seamless communication among providers, ensuring that once a Veteran is identified as food insecure, the entire health care team has awareness and provides patient-centered care that is coordinated and unified. VA is leading the way in treating food security as an essential part of health care.”

VETERAN VOICE: JOHN GRAVES PLANS FOR FUTURE AFTER HEART TRANSPLANT

Graves said he was always happiest running or hiking in the great outdoors, until his heart condition caused him to struggle to walk to the end of his driveway. Soon after, Graves became the first Veteran heart transplant patient at Michael E. DeBakey VAMC (MEDVAMC) in Houston.

However, Graves’ hopes for the future are sky-high thanks to the amazing care he got at VA.

“When I first came to this VA, I was in bad shape,” said Graves. “Now I feel like there is no stopping me. I plan to come all the way back from this, and I’m not afraid of working hard to get there.”

DeBakey is one of six VA Transplant Centers in the nation performing heart transplants. In 2022, MEDVAMC also began implanting left ventricular assisted devices in patients with advanced heart failure.

Graves said he is incredibly grateful to the staff at VA. “Having a heart transplant is a very humbling experience,” he stated. “For a few days after the surgery, it was tough to move around. The fantastic staff here have been with me every step of the way.”

Graves has big plans for his future. He and his wife of 48 years, Margaret, bought a boat and a new motor home. They are excited to travel together.

“I have so much to look forward to,” said Graves. “God and VA came through for me, and I’m going to get back out there and live my life.”

— John Graves
Air Force Veteran



**SPOTLIGHT: DR. DAVID ELIASON
SAYS GOING TO WORK AT VA WAS
AN EASY DECISION**

When Eliason was a medical resident, his mentor was an ophthalmologist who divided his time among private practice, academia and VHA. “He told me that if he could only keep one area of his career, he’d keep the work he did at VA — it was the most rewarding,” said Eliason. “It was an easy decision. I like treating Veterans, and I have a great deal of freedom to treat patients in a way that works best for them.”

Part of Eliason’s work is within the VA-Department of Defense (DoD) Vision Center of Excellence, a DoD program with a dedicated VA component. The center was founded in 2008 partly in response to the large number of eye injuries service members experienced during overseas combat. Eliason is part of a multidisciplinary team examining the entire clinical course of an eye injury — from prevention to diagnosis to treatment to rehabilitation in military health systems and VA.

Eliason and his team are developing shared clinical guidelines for eye care providers, and they spearheaded an initiative to establish a network of ocular trauma centers that will coordinate vision rehabilitation, ensuring continuity of care from military service through VA health care.

“I once treated an elderly Veteran patient with a terminal disease,” noted Eliason. “He had only months to live, but he wanted me to remove his cataracts. VA gave him and me the autonomy and the opportunity to decide to do the surgery — it didn’t matter that he was at the end of his life. The patients I work with are grateful to be treated at VA, and I am grateful to be treating them.”

— *David Eliason, MD*
Deputy Director
VA-DoD Vision Center of Excellence



**SPOTLIGHT:
DR. GRETCHEN FOX
MAKES MEDICAL
FACILITIES GREENER**



In 2018, doctors at the Jesse Brown VAMC in Chicago needed more operating room (OR) space to perform surgeries. There was plenty of room to expand in the facility’s older building, but the aging structure did not allow for installation of a new central waste gas disposal system. Fox identified an anesthetic gas capturing and recycling system that did not require a new system. “We started using Deltasorb because it allowed us to take surgeries out of the OR,” said Fox. “The fact that it reduced harmful emissions was initially an afterthought for us.”

Together, Fox and Green Environmental Management Systems (GEMS) Manager Justin Macadangdang launched Project Capturing Anesthetics Toward Climate Health (CATCH), a campaign to spread the adoption of the gas recycling system being used at Jesse Brown across VA medical facilities. Project CATCH helped reduce emissions at VA medical facilities by approximately 30% and won the VA Sustainability Award for Climate Innovation in 2022.

While she is proud of her work advancing climate responsibility at VA, Fox says providing excellent patient care is her true mission. “Taking care of the patients is why I went into anesthesia,” she said. “Because VAMCs offer true continuity of care, I get to know Veteran patients personally much better than I would at another hospital.”

Fox knows first-hand the value of VA care. When her 94-year-old grandfather — a Veteran of the Korean War — got COVID-19 in 2021, she brought him to Jesse Brown. “I knew he’d get great care here. He recovered and is doing well — I think he’s currently the oldest practicing dentist in the U.S.”

— *Gretchen Fox, MD*
Attending Anesthesiologist
Jesse Brown VAMC

NATIONAL SURGERY OFFICE

VA's surgical service is a critical clinical component of providing Veterans with the health care they have earned, and I am proud to share the accomplishments of the National Surgery Office (NSO) in 2023.

Our integrated surgical systems include complex, comprehensive and interdisciplinary surgical disease management and encompass a wide range of surgical subspecialties — from cardiac and reconstructive plastic surgeries to solid organ transplantations. We remain focused on aligning high reliability organization principles with VA's mission and health care priorities to enhance Veterans' experiences.

Throughout the year, NSO oversaw improvements in surgery quality, outcomes and safety across VA, all vital to earning the trust of Veterans who choose VA for their health care. For example, implementation of the Surgical Pause practice was expanded to identify frail Veterans considering surgery to support their unique needs and improve their surgical outcomes. With an aging population of Veterans, this is a key part of ensuring the best possible care and outcomes for each Veteran.

NSO also met the challenge to provide safe, patient-centered care and improved and modernized VA's surgical health care strategies. We are committed to developing a strong safety culture featuring empowered, collaborative frontline teams supported by engaged leadership within a climate of trust and continuous improvement.

I am proud of the surgical quality consistently delivered to Veterans to support their health and wellness goals.



— Mark A. Wilson, MD, PhD
Executive Director

KEY IMPACTS & ACHIEVEMENTS:



In FY23, there were nearly **346,000 SURGICAL PROCEDURES** performed in VA operating rooms.

SUPPORTED EXPANSION OF INTERDISCIPLINARY CARE FOR TRANSGENDER AND GENDER-DIVERSE VETERANS

through collaboration with the Defense Health Administration, VA's LGBTQ+ Health Program and Office of Integrated Veteran Care and as co-chair of the VA Transgender Care Coordination integrated project team by:

- ✦ Facilitating rulemaking for removal of current restrictions in regulation for gender alterations.
- ✦ Planning for gender-affirming surgery program implementation.

THE TOP FOUR HIGHEST VOLUME PROCEDURES WERE:

1. Cataract surgery/ intraocular lens
2. Total knee arthroplasty (replacement)
3. Neuroplasty/transposition of the carpal tunnel
4. Inguinal hernia repair

NSO is responsible for clinical oversight of VA surgical programs; monitoring outcomes; supporting national and regional surgery strategic planning; and policy management to enhance the quality, safety and timeliness of surgical care. This involves collaboration with VISN leaders to oversee field surgery programs and provide surgery-related consultation. NSO maintains data on surgical outcomes and provides leadership for the VHA National Surgical Integrated Clinical Committee.

NSO manages specialty-specific surgical advisory boards and defines roles and responsibilities for field positions, including facility chiefs of surgery and surgery quality nurses, as well as VISN chief surgical consultants and lead surgical nurses.

Facility and VISN surgical workgroups ensure compliance with established policy.

NSO includes:

- ✦ Risk-adjusted surgery outcomes from VA Surgical Quality Improvement Program (VASQIP) quality and safety reporting and performance improvement
- ✦ Frailty assessment and the Surgical Pause Practice
- ✦ Solid organ transplantation
- ✦ Stem cell transplantation and Chimeric Antigen Receptor Therapies
- ✦ Specialty surgical programs:
 - ✦ Bariatric
 - ✦ Cardiac
 - ✦ Cochlear implant
 - ✦ Deep brain stimulation
 - ✦ Intracranial neurosurgery
 - ✦ Mechanical circulatory assist devices
 - ✦ Reconstructive plastic surgery
 - ✦ Robotic-assisted surgery
 - ✦ Transcatheter aortic valve replacement

ANNUAL SURGERY REPORT PROPELS QUALITY IMPROVEMENTS

NSO develops an Annual Surgery Report, which analyzes surgical processes, structures and outcomes by integrating surgical and other data. The report enables national, VISN and VHA facility leadership and clinical providers access to validated clinical data with ongoing summaries, long-term trends and national statistics to adopt best practices in surgical care and promote ongoing quality improvement.

The report derives from the NSO quarterly reports and includes data for surgical procedural outcomes, quality, safety, access, productivity, operating room efficiency and selected elements associated with the VASQIP. In addition, the report provides national trends for index surgical procedures; summarizes national transplant activity and outcomes; and publishes a current list of VHA directives related to the

SPOTLIGHT: DR. ERIK BALLERT BRINGS ROBOTIC SURGERY TO VETERANS

Ballert joined the program office in 2022. He is a general surgeon with expertise in minimally invasive and robotic surgery and has been active in academic, community and Veteran practice for over 20 years. He is a professor of surgery at the University of Kentucky and served as a secondary mentor in the Chief Resident in Quality and Safety Program to two fellows. Ballert leads educational activities and has implemented quality improvement programs across VHA.

"The most rewarding part of my job is the ability to make positive change for Veterans, who come first in all aspects of my work at the VA," he said. "Additionally, I can work with and train the next generation of surgeons in my work with surgical residents."

In his prior role, Ballert established the first robotic surgery program in VISN 9, and subsequently oversaw implementation of additional robotic surgery programs within the VISN. Minimally invasive surgery, including robotic surgery, has had a positive impact on Veteran outcomes including shortened length of recovery following surgery, increased outpatient operations that would have been inpatient and improved patient satisfaction.

"As challenging as my work can be at times, I have learned that the work I do is very rewarding. Keeping the Veteran first in my decisions has always proven to be the right path. This has enabled me to be very proud of the work that I do and has benefited the whole system."



— Erik Q. Ballert, MD
Deputy Executive Director

delivery of surgical services. This report facilitates quality improvement activities for all VA surgery programs and supports our commitment to delivering safe, high quality care.

IMPROVING PATIENT CARE THROUGH DATA

VASQIP requires VA to compare post-operative mortality and morbidity rates for surgical procedures. It focuses on quality assurance activity using data on all patients who have surgery in a VA operating room. The primary purpose is to improve the quality of care for Veterans undergoing surgery by routinely providing information to care teams for self-assessment and quality improvement.

Data for the VASQIP database is entered by surgical quality nurses in 140 VA surgical programs, and results are reported for quarterly and annual reviews of surgical quality and patient care trends.

The VASQIP process is based on three key principles:

- ✦ Surgical morbidity and mortality rates are affected by specific preoperatively identifiable patient risk factors, including but not limited to primary disease processes; extent of disease; comorbid conditions; socio-demographics; and by a range of systems and process variables related to surgical-specific care.
- ✦ After adjustment for patient-specific risk factors, operative mortality and morbidity indicate the quality of processes and structures of surgical care at a particular facility. Reports on morbidity and mortality outcomes for each facility are essential to monitoring and improving the quality of care.
- ✦ VASQIP calculates the probability of death or complication for each patient in the database based on the patient's preoperative risk factors.

For any surgical program reporting elevated mortality, a multi-step comprehensive review process is developed to evaluate the relationship between facility structure and processes and outcomes.

Since its 1991 inception, VASQIP has been associated with a steady decline in both patient mortality and morbidity. Thirty-day mortality rates have declined from 3.2% in 1991 to .09% in FY22, and morbidity rates have seen a similar decline from 17.4% in 1991 to 4.7% in FY22.

SURGICAL PAUSE PRACTICE REDUCES MORTALITY AMONG FRAIL VETERANS

Approximately one in three Veterans older than 65 have surgery in the last year of life. When treating older patients, VA surgeons employ a surgical pause: a screen for frailty that identifies patients at high-risk and triggers a series of interventions proven to dramatically decrease post-surgery mortality rates from 25% to 8%.

Frailty is a term used to describe older adults with increased vulnerability, resulting from age-associated declines in bodily function and/or across multiple organ systems. As many as one in three very frail patients die within six months of surgery. Frail patients experience twice the rate of complication, length of intensive care unit stay and loss of independence as patients who are not frail.

The Surgical Pause Practice allows the surgeon, patient and interdisciplinary care team to pause and ensure that the planned surgery is consistent with the patient's overarching goals of care.

VA surgeon Daniel Hall developed a highly effective frailty screener called Risk Analysis Index (RAI) which is used as part of VA's Surgical Pause Practice.

After implementing the Surgical Pause Practice with RAI, 10-20% of Veterans choose non-operative treatment as most consistent with their goals. For those patients who proceed to surgery, the care team implements exercise training for them at least three to six weeks prior to reduce frailty.



For more information about the Surgical Pause Practice, scan the QR code.



VETERAN VOICE: SCOTT WILSON'S WIFE IS HIS KIDNEY DONOR

When Wilson needed a kidney, his spouse Rebecca was deemed to be an eligible live donor. Rebecca reflected on the evolution of her role from support to actual live organ donor. "It started as I was going to be his support person," she said. "I ended up sharing my organ with Scott instead. I had to shift gears swiftly from merely being his caregiver to becoming his organ donor. Learning care processes from both roles was fascinating."

Even with the perspective of military experience, Wilson viewed his wife's willingness to donate her organ as the bravest act of saving his life. "Rebecca talked me into becoming my live organ donor," he said. "I didn't want her to be in any pain to begin with, which is why I was initially hesitant."

As a result of his successful transplant procedure, Wilson enjoys a healthier life, while Rebecca relishes the family time he can now participate in. For his part, Wilson encourages

fellow Veterans to use a live organ transplant if available.

"Talk to your transplant team to find out whether live organ donation is an option for you," he said.

"Don't procrastinate. You will be amazed to see your life transforming when you can receive an organ from a family member or a friend and not wait for years for an organ from a deceased donor."

For 60 years, VA has been a leader in solid organ transplant services and has led stem cell transplant services for 40 years. VA provides excellent pre- and post-donation care and support for live organ and stem cell donors, including related travel and lodging.



"We were fully handheld by the VA transplant team throughout the process," said Rebecca.

— **Scott Wilson**
Marine Veteran



- This product is a collaboration among
- the 11CS Communications Office
- and program office liaisons.

VA



U.S. Department of Veterans Affairs
Veterans Health Administration